

**THE INFLUENCE OF THE MOTHER-CHILD RELATIONSHIP
ON THE DEVELOPMENT OF RESILIENCE
IN THE LEARNING DISABLED CHILD**

by

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I declare that “The influence of the mother-child relationship on the development of resilience in the learning disabled child” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Amanda Jane Leigh

Date

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SUMMARY

Exploring the resilience construct is highly relevant for the field of learning disabilities. Resilience is a dynamic process of adaptation that involves interactions between a range of risk and protective factors. This research presents recent learning disability and resilience literature, focussing on the risk and protective factors in the lives of those with learning difficulties. Children with a learning disability often have associated emotional, behavioural and social difficulties that may become major obstacles to positive future outcomes. Historically little attention has been paid to the experiences of mothers of children with a learning disability and how the mother-child relationship may or may not foster the development of resilience in the learning disabled child. This research explores the issue within a qualitative framework

KEY TERMS

learning disability, resilience, risk factor, protective factor, mother-child relationship, qualitative research, thematic analysis

DEDICATION

This dissertation is dedicated to my courageous sister Lindsay Marshall who is an inspiring example of resilient parenting.

TABLE OF CONTENTS

CHAPTER 1

ORIENTATION

| | |
|------------------------------------|----|
| | 1 |
| 1.1 Background | 1 |
| 1.2 Analysis of the problem | 3 |
| 1.2.1 Awareness of the problem | 3 |
| 1.2.2 Investigation of the problem | 4 |
| 1.2.3 Statement of the problem | 6 |
| 1.3 Aims of the research | 7 |
| 1.3.1 General aim | 7 |
| 1.3.2 Objectives | 7 |
| 1.4 Research method | 8 |
| 1.4.1 Qualitative research | 8 |
| 1.4.2 Literature study | 8 |
| 1.4.3 Empirical investigation | 9 |
| 1.4.3.1 Selection of participants | 9 |
| 1.4.3.2 Datagathering | 9 |
| 1.5 Demarcation of the research | 10 |
| 1.6 Clarification of concepts | 10 |
| 1.7 Research programme | 11 |
| 1.8 Summary | 12 |

CHAPTER 2

LEARNING DISABILITY

| | |
|--|----|
| | 13 |
| 2.1 Introduction | 13 |
| 2.2 What is a learning disability? | 13 |
| 2.2.1 The debate concerning definitions and aetiology | 14 |
| 2.2.2 Underachievement controversy | 15 |
| 2.2.3 Responsiveness-to-Intervention (RTI) as an improved method of identification | 16 |
| 2.2.4 'Islands of Excellence' – a focus on strengths | 16 |
| 2.2.5 The social context of learning disabilities – food for thought | 17 |
| 2.3 Learning disabilities as risk factors for psychosocial adjustment | 18 |
| 2.3.1 Impact on social development | 19 |
| 2.3.2 Impact on self-concept | 20 |
| 2.3.3 Impact on behaviour | 22 |
| 2.3.4 Impact on emotional development | 22 |
| 2.3.5 Impact on motivation | 23 |
| 2.4 The impact on the mother of discovering her child's learning disability | 24 |
| 2.4.1 Introduction | 24 |
| 2.4.2 Emotional responses | 25 |
| 2.4.3 Looking for answers | 26 |
| 2.4.4 Daily assistance | 27 |
| 2.4.5 Interaction with teachers and professionals | 27 |
| 2.4.6 Coping | 28 |
| 2.5 Conclusion | 28 |

CHAPTER 3

RESILIENCE

| | |
|-----------------------------|----|
| | 30 |
| 3.1 Introduction | 30 |
| 3.2 What is resilience? | 30 |
| 3.3 Resilience as a process | 31 |

| | | |
|-------|---|----|
| 3.3.1 | Dynamic interaction of many factors | 32 |
| 3.3.2 | Context specific | 32 |
| 3.3.3 | Developmental progression | 32 |
| 3.3.4 | Domain specific outcomes | 33 |
| 3.3.5 | Interpersonal relationships are a significant source of risk and protective factors | 33 |
| 3.3.6 | Life enriching process | 33 |
| 3.4 | Relevance to this study of considering resilience as a process | 33 |
| 3.5 | Resilience and learning disability | 34 |
| 3.6 | Dimensions of the mother-child relationship as a risk or protective factors | 36 |
| 3.6.1 | The mother-child relationship | 36 |
| 3.6.2 | Maternal attitudes and behaviours as risk factors | 38 |
| 3.6.3 | Maternal attitudes and behaviours as protective factors | 42 |
| 3.7 | Conclusion | 47 |

CHAPTER 4

RESEARCH DESIGN

| | | |
|---------|--|----|
| 4.1 | Introduction | 49 |
| 4.2 | The research problem | 49 |
| 4.3 | Objectives of the research | 50 |
| 4.4 | Qualitative paradigm | 50 |
| 4.5 | Theoretical and philosophical perspectives | 51 |
| 4.5.1 | Post modernism and constructivism | 51 |
| 4.5.2 | Phenomenology, hermeneutics and existentialism | 51 |
| 4.5.2.1 | Phenomenology | 52 |
| 4.5.2.2 | Hermeneutics | 52 |
| 4.5.2.3 | Existentialism | 52 |
| 4.5.2.4 | Impact on my research | 52 |
| 4.6 | Sampling and selection | 53 |
| 4.7 | Research method | 54 |
| 4.7.1 | Research instrument | 54 |
| 4.7.2 | Focus group discussions | 55 |
| 4.7.3 | Semi-structured interviews | 55 |
| 4.7.4 | Group work processes | 56 |
| 4.7.5 | Data collection | 57 |
| 4.7.6 | Data analysis and presentation | 57 |
| 4.8 | Trustworthiness and ethical behaviour | 58 |
| 4.9 | Summary | 60 |

CHAPTER 5

DATA ANALYSIS AND DISCUSSION OF RESULTS

| | | |
|---------|---|----|
| 5.1 | Introduction | 61 |
| 5.2 | Reflections on the empirical research | 61 |
| 5.2.1 | Participants | 61 |
| 5.2.1.1 | Selection | 61 |
| 5.2.1.2 | Cultural influences | 61 |
| 5.2.1.3 | Participant details and observation notes | 62 |
| 5.2.2 | Empirical investigation | 63 |
| 5.2.2.1 | Focus group discussions | 63 |
| 5.2.2.2 | Semi-structured interviews | 63 |
| 5.2.3 | Data set and data analysis | 64 |
| 5.2.3.1 | Transcriptions | 64 |
| 5.2.3.2 | Coding | 64 |

| | | |
|---------|--|----|
| 5.2.3.3 | Thematic analysis | 64 |
| 5.2.4 | The researcher's role and perspectives | 65 |
| 5.2.5 | Observational and field notes | 66 |
| 5.3 | Themes and discussions | 66 |
| 5.3.1 | Awareness phase – first focus group discussion | 66 |
| 5.3.1.1 | Main theme and sub-themes | 66 |
| 5.3.1.2 | Discussion of the awareness phase | 73 |
| 5.3.2 | Exploration phase – second focus group discussion | 74 |
| 5.3.2.1 | Themes and sub-themes | 74 |
| 5.3.2.2 | Discussion of the exploration phase | 83 |
| 5.3.3 | Personalisation phase – individual interviews | 84 |
| 5.3.3.1 | Themes and sub-themes | 84 |
| 5.3.3.2 | Discussion of the personalisation phase | 87 |
| 5.4 | Relationship between literature and empirical research | 89 |
| 5.5 | Conclusion | 89 |

CHAPTER 6

CONCLUSION OF THE RESEARCH 91

| | | |
|---------|---|-----|
| 6.1 | Introduction | 91 |
| 6.2 | Summary of findings related to my research questions | 91 |
| 6.2.1 | Literature review | 91 |
| 6.2.1.1 | Learning disability | 91 |
| 6.2.1.2 | Resilience | 93 |
| 6.2.2 | Empirical research | 95 |
| 6.3 | Interpretation | 96 |
| 6.4 | Evaluation of research process | 98 |
| 6.4.1 | Investigative depth | 98 |
| 6.4.2 | Interpretive adequacy | 99 |
| 6.4.3 | Illuminative fertility | 99 |
| 6.4.4 | Participatory accountability | 100 |
| 6.5 | Recommendations | 100 |
| 6.5.1 | Constant review of key dimensions of the mother-child relationship | 100 |
| 6.5.2 | Mothers' forum | 101 |
| 6.5.3 | Analysis of the mother-child relationship | 101 |
| 6.5.4 | Diagnosis of inherent resilience in the child with a learning disability. | 101 |
| 6.6 | Main conclusions of the research | 102 |
| 6.6.1 | Limitations | 102 |
| 6.6.2 | Future research | 103 |
| 6.7 | Final comment | 103 |

BIBLIOGRAPHY 105

LIST OF TABLES

| | | |
|-----------|---|----|
| Table 5.1 | Participant details and observations | 62 |
| Table 5.2 | Summary of change experienced by mothers | 70 |
| Table 5.3 | Risk factors: Sub-theme: Mothers' affect (emotions; moods) | 77 |
| Table 5.4 | Risk factors: Sub-theme: Mothers' behaviour (observable, action, interaction) | 77 |
| Table 5.5 | Risk factors: Sub-theme: Mothers' cognition (ideas, opinions, judgements, values) | 79 |
| Table 5.6 | Protective factors: Sub-theme: Mothers' affect (emotions, moods) | 80 |

| | |
|---|----|
| Table 5.7 Protective factors: Sub-theme: Mothers' behaviour (observable, action, Interaction) | 80 |
| Table 5.8 Protective factors: Sub-theme: Mothers' cognition (ideas, opinions, judgements, values) | 81 |
| Table 5.9 Mothers' perception of resilient and non-resilient children | 82 |
| Table 6.1 Summary of risk and protective factors identified by research participants | 96 |

LIST OF FIGURES

| | |
|--|----|
| Table 5.1 Thematic map of themes identified in the awareness phase | 67 |
| Table 5.2 Thematic map of themes identified in the exploration phase | 75 |
| Table 5.3 Thematic map of themes identified in the personalisation phase | 85 |

ANNEXURES

| | |
|--|----|
| Annexure 1 Letter of Consent | 66 |
| Annexure 2 Semi-structured interview schedule | 77 |
| Annexure 3 Excerpts from examples of interview transcripts | 99 |

CHAPTER 1

ORIENTATION

1.1 Background

Exploring the construct of resilience is highly relevant for the field of learning disabilities (Dole 2000:94). Individuals with learning difficulties are at risk for failure because they often underachieve, drop out of school, remain unemployed, lack social skills and exhibit emotional problems related to a repeated failure to fulfil potential (Miller 2002:292; Spekman, Goldberg & Herman 1993:12; Theron 2004:318). The sense of hopelessness which so many learning disabled children feel serves as a major obstacle to future success (Brooks 2001:9). By focusing on factors that contribute to resilience development it may be possible to explain why some children sustain a positive self-concept and exhibit positive psychosocial adjustment when faced with the learning difficulties and negative school experiences while others exhibit dysfunctional adjustment and give up (Theron 2004:317).

Resilience research over the past thirty years has attempted to isolate the most critical protective factors for child development and a number of potential protective factors have been identified (Masten & Reid 2005:82). However, there has been little investigation of the protective factors that promote resilience specifically for individuals with learning difficulties (Margalit 2003:82; Miller 2002:292). However, Dole (2000:94) hypothesises, “Ongoing parental understanding and support is perhaps the most important protective factor as it is most frequently mentioned in studies on resiliency”.

Discovering a child’s special learning needs is often a confusing and painful process for parents (Smith 2004:1). Parents may move through stages of grieving initially denying there is a problem and rationalising why it is not a problem, then having to deal with the fear, the anger, the sadness and the guilt of having a beloved child who experiences many difficulties (Partington 2002:163; Smith 2004:1). The number of possible ways of helping a child with learning difficulties is varied and often bewildering to a mother. The main focus is usually on the academic skill deficits that provide the basis for the diagnosis of the learning difficulty (Sorenson, Forbes, Bernstein, Weiler, Mitchell & Waber 2003:10). This implies that most intervention involves intense teaching of skills, doing extra work and attending complimentary therapies such as speech therapy, physiotherapy and occupational therapy to improve underlying skills. Predicting and exploring the impact of these activities on the emotional development of the child is often neglected. Only

examining and reacting to factors intrinsic to the individual with learning difficulties (such as academic attributes) provides an incomplete understanding of his or her functioning and potential (Wiener 2003:78).

The social and emotional functioning of children with learning difficulties cannot be explained “without understanding the reciprocal relationship between their characteristics and the environments in which they function” (Wiener 2003:78). Fortunately, “the field of learning disabilities (LD) has moved from a focus on ‘deficit model’ research to the study of what it means to have learning LD within family, social and community contexts” (Cosden 2003:87). Research has examined how the dynamics of family relationships are influenced by children with learning difficulties (Lovenfoss & Viney 1999:481). It appears that relentless focus on the child’s academic failures can undermine family relationships and impact on the quality of the parent interactions with the child (Grossman 2001:1). Children with learning difficulties need more than just instrumental support or educational involvement from their parents. Although skill deficits can be reduced to some extent, a learning difficulty usually involves a “fundamental neurodevelopmental risk that is present throughout life” (Sorensen et al. 2003:22). Interventions should therefore not be limited to improving academic skills. The value of parental support for children with a learning difficulty may lie in the quality of emotional support rather than practical support. For example fostering optimism, reducing anxiety and modelling effective coping skills may ensure the best chance of positive psychosocial adjustment (Wong 2003:69,70). The affective quality of the parent-child relationship requires research because it has significant academic and emotional implications for the learning disabled child.

While recognising that both parents play significant roles in the nurturing and the raising of their children, this research focuses on the mother-child relationship. Mothers of children with a learning disability may differ in their reactions to diagnosis because they bring different interpretations to the situation (Partington 2002:164). Maternal responses to the diagnosis of a learning disability in their children “appear to be a complex set of intertwined emotional and cognitive behaviours” (Partington 2002:163).

1.2 Analysis of the problem

1.2.1 Awareness of the problem

Adults I have met who are successful and fulfilled individuals in spite of admitting to a range of learning difficulties have raised several questions: What processes, mechanisms, relationships, or interventions facilitated the fullest development of their potential? Was remediation of the learning difficulty and effective learning the most important focus for their caregivers and other significant adults?

Positive psychosocial adjustment in spite of a learning difficulty implies resilience. A pioneer of resilience research, Garmezy (in Mandleco & Peery 2000:99) defines resilience as “the tendency to spring back, rebound or recoil” which involves the capacity to adapt, endure, develop and achieve in spite of life stressors. Researchers such as Wong (2003), Sorensen et al. (2003), Miller (2002), Brooks (2001) and Morrison and Cosden (1997) have focussed their research on how children with learning difficulties develop resilience. Of particular interest to me is the role of the mother in fostering resilience in the child who faces academic challenges and emotional stresses because of a learning difficulty. Cosden (2003:87) maintains that the use of the risk and resilience framework helps to understand the reasons for success or failure for individuals with a learning difficulty. She proposes that future research should involve “the naturalistic family supports for children with LD, with the goal of developing interventions that could facilitate similar patterns of family assistance.” My study follows this proposal.

I have observed mothers of learning disabled children express a great deal of sadness, anxiety and stress related to coping with children who are battling at school. They are bewildered by an array of conflicting advice from professionals in many fields related to learning difficulties (Smith 2004:3). They seem to define their children in terms of their deficits in performance or negative comparison with other children. The overarching aim of these mothers is to facilitate the development of their children so that they become independent, stable, happy, self-actualised adults with meaningful work and healthy relationships – in essence to be resilient and overcome the obstacles of their learning difficulties. However, some mothers found coping with children who have learning and resulting behavioural difficulties on a day to day basis an arduous task because their behaviour can be unpredictable and erratic (Smith 2004:3). Children may perceive their mothers as being pessimistic about their future and this may promote feelings of inadequacy and anxiety. This pattern of active ‘fixing the problem’ on the part of the mother and the child’s perceptions of ‘being worried about’ may exacerbate their social and emotional difficulties.

Mothers may not be aware of how their behaviour is perceived by their children. They may not have insight into the manner in which they manifest their concern, expectancies and responsibilities or how their behaviours may influence the psychosocial adaptation of their learning disabled child.

The pressure and stress associated with trying to support a child with learning difficulties may limit opportunities for mothers to connect with their unique children in a way that facilitates the development of resilience. Wiener (2003:79) suggests some parents may place such value on achievement that they are unable to accept the existence, extent of, or implications of their children's learning difficulties. Even though they provide support for learning, their children may experience high levels of anxiety because they can never measure up to their parent's expectations. Is it possible that the mother-child relationship in some cases ceases to be a protective factor for the learning disabled child thereby counteracting any development of resilience?

1.2.2 Investigation of the problem

Resilience has been increasingly recognized as a distinct domain of inquiry (Luthar , Cicchetti & Becker 2000(a):548; Roosa 2000:567). The construct resilience implies that there are two coexisting conditions - the presence of threat to a child's well-being and evidence of positive adaptation across one or more domains of functioning despite the challenges or adversity encountered (Luthar et al. 2000(a):546). Risk factors are any intrinsic characteristics or extrinsic environmental conditions that are a threat to the normal development of an individual. Protective factors on the other hand are environmental or personal characteristics that support positive development in spite of risk factors. Having a learning disability is a risk factor (Wiener 2003:77).

Resilience research has been characterised by the systematic search for protective forces which differentiate children with healthy adaptation profiles from those who were comparatively less well adjusted (Luthar et al. 2000(a):544). This reflects a current shift from deficit models in educational and psychological research to a more empowering, positive model (Richardson 2002:307). Positive psychology has emerged as an area of research and practice that focuses on human strengths, virtues and factors that protect the individual rather than on weakness and pathology (Brooks 2004:1). Positive psychology focuses on subjective experiences of well being such as contentment, optimism, satisfaction and happiness – those factors that allow individuals to thrive (Seligman 2005:3). For example, positive psychology researchers, Snyder and Lopez (2005:

760) call for more research on how parents explain everyday adversity, set goals for the future and foster hope in their children. The critical influence of this framework is that “treatment is not just fixing what is broken; it is nurturing what is best” (Seligman & Csikszentmihalyi 2000:2).

Research on resilience and learning difficulties (Morrison & Cosden 1997; Brooks 2001; Miller 2002; Margalit 2003; Wong 2003) has framed questions about adjustment in students with a learning difficulty in terms of the risk and resilience model. This model confirms that complex interactions among contextual factors can influence the psychosocial outcome in children with learning impairments. However, Margalit states “It is quite surprising that only a few studies have examined the resilience of children with learning disabilities” (2003:82). There is a growing recognition of the contribution the resilience model can make towards an in-depth understanding of the challenges and outcomes faced by children with learning disabilities (Margalit 2004:45). Both parental relationship and attachment, and high-quality friendships provide opportunities for resilience development (mediating social and emotional adjustment), but few studies have examined these factors in children with learning problems (Wiener 2004:28).

Al Yagon (2004:14) demonstrates that the behaviour of mothers of children with learning difficulties may be characterised by anxiety. Ginsburg, Grover & Ialongo (2004:35) discovered that among anxious parents, displays of anxious behaviours (e.g. giving reassurance, expecting perfection, expressing self-doubt) were associated with more intrusiveness, overcontrol, displays of frustration and hostility, less positive emotion and affection and less encouragement of children’s opinions and ideas. In their research the more worried and anxious the parents became, the more negative their interactions with their children and the more likely they were to use negative parenting strategies that increased anxiety in their children. Ginsburg et al. (2004:36) hypothesise that the negative impact of parenting accumulated over time. Their research indicates that parental anxiety and associated behaviours increase anxiety and avoidant behaviour in their children which further limits the children’s opportunities to develop adequate coping skills. In contrast they found that parents who were not anxious and more granting of autonomy (encouraging and supporting the expression of opinions and decision making) had non anxious children. Parental granting of autonomy is likely to increase the child’s chance of learning new skills and may reinforce a sense of self-efficacy. These characteristics may empower youth to face their fear, instil them with a sense that they can control outcomes over events in their lives and thus reduce levels of anxiety (Ginsberg et al. 2004:36).

Kashdan, Pelham, Lang and Hoza (2002:441) make the relevant point that “stress is in the eye of the beholder”. Not all parents experience distress when raising challenging children. Many parents exhibit positive parenting practices and behaviours and have adaptive coping mechanisms and this may be because they appraise the situation as manageable. Parent personality traits and behaviours that promote a sense of hope and positive goal orientation will impact on the adaptive psychological functioning of their children (Kashdan et al. 2002:442). It is important to learn from the strengths of these parents and determine how their positive styles of parenting developed. Research by Laursen (2003:240) identified seven characteristics of adult caring relationships that appear to play a significant role in the development of resilience in children. They are trust, attention, empathy, availability, affirmation, respect and virtue.

This preliminary literature survey supports the notion that it is relevant to examine the mother-child relationship in terms of the complex, dynamic reactions, transactions, actions and processes that develop in response to the discovery of a learning difficulty and how this relationship influences the development of resilience in the child. For example, it appears that effective parental emotional support enables learning disabled children to maintain a healthy global self-concept and therefore, in terms of a risk resilience model, this constitutes a critical protective factor (Wong 2003:69). Reducing stress and enhancing the relationship between the mother and the struggling child may facilitate positive psychosocial development.

The value of a resilience based approach lies in the emphasis on building strengths to overcome risks rather than on focusing on weaknesses. Wong (2003:70) suggests that further research is necessary to enhance the status of parental emotional support as a protective factor for individuals with learning problems. Laursen (2003:240) stresses the need for self-reflection and skill development on the part of adults who care for children with challenges. However, it is important to determine if mothers of children with learning difficulties perceive their role in promoting resilience as significant and if they are able to determine how best to go about facilitating such development.

1.2.3 Statement of the problem

Protective and risk factors act in combination to affect outcomes for individuals with learning difficulties. The mother-child relationship can be a protective factor for children with learning difficulties. However, the stress, anxiety, uncertainty and unrealistic expectations experienced by mothers in their efforts to help their children may increase their child’s emotional and behavioural

problems. The child's emotional and behavioural problems may increase the mother's stress and anxiety. In spite of 'good intentions' the mother's behaviour may become a risk factor and hinder the development of resilience in the child. The following question reflects the problem which was addressed in this research:

What is the influence of the mother-child relationship on the development of resilience in the learning disabled child?

The following sub-questions were posed in order to answer the above problem question:

What is a learning disability and how is it a risk factor for the psychosocial development of a child?

What maternal emotions, attitudes, behaviours and parenting practices emerge in response to the complex needs of a child with a learning disability?

What is resilience and what factors facilitate or hinder its development in children with learning disabilities?

Can the dimensions of the mother-child relationship be analysed as risk or protective factors for the child with learning disabilities?

1.3 Aims of the research

1.3.1 General aim

The general aim of this study is to examine whether dimensions of the mother-child relationship may be risk or protective factors in the development of resilience in the child with learning disabilities.

1.3.2 Objectives

The specific objectives are:

- to analyse concepts of learning disability and resilience and examine current debates in these fields of research.

- to explore and analyse with a group of purposefully chosen mothers which of their own coping behaviours, and other dimensions of the mother-child relationship, facilitate or inhibit the development of resilience in their children with learning disabilities.

1.4 Research method

1.4.1 Qualitative research

This study evolved from a qualitative theoretical framework. Shank and Villella (2004:49) use the metaphor of a lantern to elucidate qualitative research. According to the authors, “lanterns are used to allow light to illuminate dark areas so that we can see things that previously were obscure. Once we shed light on things, we understand them better”.

Qualitative research is inquiry aimed at describing and clarifying human experience as it appears in people’s lives (Polkinghorne 2005:137) and is not designed to be generalised because the findings are unique to the particular individuals or situations. It was considered appropriate to use a qualitative approach in order to examine the rich experiences of mothers who have children with learning difficulties. Qualitative research provides insight to, and guides understanding of a phenomenon within a particular context (Brantlinger 2004:1). “It is often by telling stories that educators, as well as the public at large, have come to understand the needs of persons with disabilities” (Pugach 2001:439). Qualitative analysis implies exploration beyond the obvious to reveal subtle and nuanced meanings. New insights have higher value than confirmation of what is already known.

The methods used reflect the qualitative approach to this study, and comprise a literature survey and an empirical study with three practical components.

1.4.2 Literature study

A literature study was undertaken to:

- present current debates in learning disability research
- examine why learning disabilities can be considered as risk factors for psychosocial adjustment in children.
- explore how a learning disability diagnosis affects the mother-child relationship
- investigate the concept of resilience

- outline the latest research findings related to the development of resilience in children with learning difficulties
- identify the possible factors related to the mother-child relationship that contribute to, or hinder the development of resilience in the child.

1.4.3 Empirical investigation

1.4.3.1 Selection of participants

This qualitative study used a purposive sampling strategy. This strategy was designed to enhance understandings of selected individuals' experiences (Devers 2000:264). The individuals selected were 'information rich' cases because they were in a position to provide the greatest insight into the research question. Five mothers of children who had been referred for learning support were included.

1.4.3.2 Datagathering

i. Focus group discussions

The sample participated in two focus group discussions.

1. The first focus group discussion aimed to create an awareness of the relevance of the mother-child relationship in coping with a child with learning difficulties by discussing how the mother responded to the discovery of her child's academic struggles. This included everything she thought, felt and did, and how the mother-child relationship was changed.
2. The second focus group discussion aimed to explore the concept of resilience and how the mother-child relationship may or may not contribute to the development of resilience in a learning disabled child.

Gergen and Gergen (2003:604) believe group work is a valuable research methodology because it is interactive and generates dialogue about a specific issue. Group work is ideal for exploring new thinking and directions around the topic. The group may be called 'focused' in that it involves a collective activity (Kritzing & Barbour 1999:5). Group work encourages involvement with each others' ideas and promotes reflective thinking. The mothers in the sample exchanged experiences, anecdotes, comments and points of view.

The 'subjective understanding' of the situation has the most value (Seidman 1998:3-7), so concerns, modes of coping, and expectations were explored. Mothers' perceptions of the complexity of the mother-child relationship and how it affects the developing child were examined. Group work sessions were audiotaped and transcripts were analysed to discover themes and common patterns.

ii. Semi-structured interviews

Each mother was interviewed after the group work sessions. The rationale for carrying out semi-structured interviews was an interest in understanding the meaning the mothers made of their experiences during the group work sessions and to assess if the focus on resilience was relevant to their relationships with their children. It also provided an opportunity to present preliminary findings from the focus group discussions for the mothers to comment on. The interviews were audiotaped and transcripts were analysed to discover themes and common patterns.

1.5 Demarcation of the research

As a qualitative study this research is limited to the insights gathered during group work and semi-structured interviews from a sample of five mothers who have children with learning disabilities. The research focussed on the perceptions of the mothers concerning the development of resilience in their children and the role that the mother-child relationship plays in fostering or hindering this resilience.

1.6 Clarification of concepts

Resilience

Resilience is the ability to maintain relatively stable, healthy levels of psychological functioning and adapt successfully in spite of stressful life circumstances (Masten in Lewis 2000:2). Luthar et al. (2000(a)), as well as Garmezy in Olsson (2003:3) emphasise that resilience implies competent functioning regardless of significant negative life stressors and associated negative affect.

Risk factors

Risk factors are any intrinsic characteristics or extrinsic environmental conditions that are a threat to the normal development of an individual.

Protective factors

Protective factors are environmental or personal characteristics that support positive psychological development in spite of challenges or adversity encountered.

Learning disability

A learning disability emerges when there is a lack of fit between the child's complement of cognitive skills and environmental demands (Sorensen et al. 2003:11). It may or may not be given a formal learning disability label. Throughout life, the condition can affect "self-esteem, vocation, socialization, and/or daily activities" (Elksnin & Elksnin 2004:4).

The Learning Disabilities Association of America (2007) defines the label 'learning disability' as "a neurological disorder that affects one or more of the basic psychological processes involved in understanding or in using spoken or written language. The disability may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. Every individual with a learning disability is unique and shows a different combination and degree of difficulties".

Mother-child relationship

The mother-child relationship refers to the nature of interpersonal interactions between the mother and child. It includes such things as the degree to which the mother is responsive and sensitive to the child's needs, the amount of physical contact they have, the level of trust exhibited, the consistency and predictability of the mother's behaviour, and the appropriateness of how limits are set (Baron & Byrne 1997:275). It also refers to how the mother helps define and clarify the child's experiences, how the mother stimulates, nurtures and soothes the child, and how the mother fosters independence in the child (Jernberg & Booth 1999:17).

Influence

Influence is defined as "the act, power or capacity of causing or producing an effect on somebody or something especially in indirect or intangible ways" (Penguin Compact English Dictionary 2001:455)

1.7 Research programme

This study comprises the following chapters:

Chapter 2 focuses on learning difficulties. There is a discussion on current debates about the definition, and how a learning difficulty affects the psychosocial development of the child and the mother-child relationship.

Chapter 3 discusses the construct resilience. This includes the dynamics of resilience development in children, resilience and learning disability, and risk and protective factors that anchor psychological resilience in children with learning difficulties. The chapter also explores mothers' behaviours as risk or protective factors in the development of resilience in the learning disabled child.

Chapter 4 outlines the research approach and methodology. This study was qualitative and thematic analysis was used to select themes from the data.

Chapter 5 presents a discussion of the findings. Themes are articulated and discussed.

Chapter 6 summarises, interprets and evaluates the results of the study and comes to conclusions about the influence of the mother-child relationship on the development of resilience in the learning disabled child. Limitations of the study are examined.

1.8 Summary

This research examines recent learning disability and resilience literature, focussing on the risk and protective factors in the lives of those with learning difficulties. Historically, little attention has been paid to the experiences of mothers of children with a learning disability and how the mother-child relationship may or may not foster the development of resilience in their children. Therefore this study, employing a qualitative framework, attempts to address the issue.

CHAPTER 2

LEARNING DISABILITY

2.1 Introduction

In this chapter the concept of learning disability is discussed in detail. The purpose is to provide a context for viewing a learning disability as a risk factor for psychosocial adjustment and to highlight the social and emotional stressors that develop as a result of underachievement at school. As a risk factor, a learning disability is not a single, uni-dimensional variable. It must therefore be examined in all its complexity.

Conflicts in definition and inherent disagreements about prognosis and treatment are presented to illustrate the bewildering array of information with which parents may be presented. How the learning disability is defined and how the problem is perceived determine the choices that are made when dealing with a learning disabled child. The chapter concludes with a brief discussion on maternal emotional and behavioural responses to the diagnosis of a learning disability in a child.

2.2 What is a learning disability?

Teachers are often the first to notice that a child battles to learn at the same rate as the rest of the class. Parents may be notified that their child has a problem in a specific area of the curriculum such as reading, writing or arithmetic, or they may be told the child is experiencing global difficulties in the classroom. Identification of a struggling child may set in motion a wide range of activities which may include diagnostic assessments and the search for appropriate remedial support. Depending on the expectations of the school and the parents the child may be formally diagnosed and labelled as having a learning disability. However, just as often, the child is considered to have significant learning difficulties or problems and is referred for extra help without a formal label. Dunn (1995:5) wrote “the learning disability field is fraught with confusion and controversy”; yet this is rarely acknowledged by those who identify struggling children and prescribe a particular course of action. In an attempt to answer the question: “What is a learning disability?” different perspectives and debates are explored in the ensuing sections. In this dissertation the terms learning disability and learning difficulty are used interchangeably to emphasise that children suffer the consequences of battling at school with or without a formal label.

2.2.1 The debate concerning definitions and aetiology

The concept of learning disabilities has embraced controversy since its inception. Twenty years ago Franklin (1987:1) wrote that “of the great diversity of human exceptionalities, none is perhaps more paradoxical than learning disabilities....The problem is that no one can decide precisely what a learning disability is”. Six years ago Kauffman and Kauffman (2001:11) accused psychologists and educators of “placing students, in ever increasing numbers, in a disability category that cannot be defined and that no one understands”. Keogh (in Mastropieri & Scruggs 2005:525) states that learning disability diagnoses have “been controversial, characterised more by disagreement than agreement”. Similarly Reid and Valle (2004:477) emphasised that “learning disabilities are *not objective fact*”.

Learning disability definition and identification are likely to remain hotly debated for some time to come because of the many definitions of learning disabilities and the lack of consensus which plagues the field (Kavale & Forness 2000:239; Proctor & Prevatt 2003:461; Reschly 2005:514; Semrud-Clikeman 2005:567). It is possible that a child who is diagnosed as having a learning disability by one professional may not meet the criteria used by another. The decision depends mainly on the theoretical model that has been adopted and assumptions about learning. Research findings by Proctor and Prevatt (2003:464) “are disconcerting because they strengthen the contention that the diagnosis of a learning disability is often so arbitrary as to render it suspect”.

Perspectives stemming from neurology, special education, scientific research, developmental theory, brain injury studies, sociology and neuropsychology produce different and often conflicting information in relation to causes, definitions, diagnosis and treatment (Kauffman & Kauffman 2001:434; Dunn 1995:42). Confounding these theoretical debates is the fact that individuals with learning disabilities vary significantly in regards to cognitive, linguistic, behavioural and performance characteristics and there are intra-individual differences in patterns of cognition (Kauffman et al. 2001:91). Also, learning disability researchers face problems with identifying direction of causality. A few of these perspectives and concerns are discussed below.

A learning disability may be seen as a ‘disorder’ in the form of a central nervous system dysfunction intrinsic to the learner. This disease model has become widely accepted (Semrud-Clikeman 2005:563). However, specific neurological impairments still need to be validated in research. The concept of cognitive functions as complex functional systems is not always applied when examining learning disabilities in children and the neurological processes attributed to learning disabilities are incorrectly oversimplified (Kauffman et al. 2001:350; Thomas & Loxley

2001:72). In spite of new insights from cognitive research and advances in neuroimaging, researchers find it difficult to conceive of a behavioural phenomenon like a learning disability being solely the result of neurophysiological determinants (Kavale & Forness 2000:245).

A learning disability may be seen as a 'deficiency' in the form of perceptual deficits. However, how a perceptual deficit can result in so specific a problem has not yet been explained and theorists and practitioners can only hypothesise how a large number of possible deficiencies can be combined to produce learning difficulties (Kavale & Forness 2000:246).

Psychological processing deficits or disorders underlie traditional learning disability definitions. These include deficits in working memory, processing speed, processing ability and executive functions. However, the means of evaluating deficits in these areas and linking them to intervention strategies does not currently exist (Johnson et al. 2005:570).

2.2.2 Underachievement controversy

The concept of specific underachievement is central to definitions of learning disabilities. For example, in the ICD-10 Classification of Mental and Behavioural Disorders (World Health Organisation 2004) an aptitude-achievement discrepancy is the essential criterion. These definitions are based on the theory that learners with learning disabilities show unexpected deficits in some learning areas (such as acquiring, applying and retaining information) and their difficulties are not commensurate with estimates of their abilities (Mellard, Deshler & Barth 2004:229). For example, an individual may be successful on tasks that involve higher order cognitive processes, such as language and reasoning, but have difficulty with tasks that involve lower order processing such as processing speed or short term memory. These difficulties then contribute to domain specific academic deficiencies such as learning to read.

In practice, the identification of a learning disability is usually based on some operationalisation of the discrepancy concept (Fletcher, Denton & Francis 2005:545). A range of discrepancy formulas and criteria are used by professionals to assess underachievement and to specify quantitatively the ability-achievement discrepancy (Proctor & Prevatt 2003: 459, Van den Broeck 2002: 194). The goal is always to increase the accuracy of diagnosis and to make decisions about appropriate intervention, however there are increasing concerns and criticism about the viability of the discrepancy model (Fletcher et al. 2005:54; Mellard et al. 2004:230; Reschly 2005:512). Central to this debate is a lack of agreement on the definition of terms such as 'intelligence',

‘achievement’, ‘ability’ and ‘discrepancy’ as well as concerns about valid, reliable measurement of these constructs (Proctor et al. 2003:248,459-460).

Kauffman et al. (2001:434-437,444) argue that a discrepancy between ability and achievement represents only one manifestation of the disability. Variability in academic achievement is due to a multitude of factors and therefore underachievement should not be used as the sole or necessary diagnostic criterion. In practice it is difficult to determine whether poor academic performance is due to a general cognitive delay, a unique developmental profile or a specific cognitive deficit (Kauffman et al. 2001:447).

2.2.3 Responsiveness-to-Intervention (RTI) as an improved method of identification

More and more RTI (Responsiveness-to-Intervention) is mentioned in learning disability literature. Although still controversial, the RTI model has been proposed as an alternative approach to improve learning disability identification. A learning disability diagnosis is made when children do not respond to quality, scientifically based teaching. Children are identified as having learning difficulties because they have the inability to learn from instruction that is effective for most learners. There is emerging evidence to support the validity of this approach but reliable procedures for operationalising the RTI model are still being developed (Fletcher et al. 2005:550; Mastropieri et al. 2005:526). Gerber (2005:516) finds the model flawed. He believes that responsiveness to instruction cannot be separated from the complex educational context in which learning takes place; there are too many teacher variables to take into consideration and it is not possible to standardise teaching practices in normal classrooms. While teachers agree that learners who do not respond in the classroom require a different type of instruction of greater intensity or longer duration, development and implementation of specialised programmes are often inadequate (Fletcher et al. 2005:551). What is interesting is that teachers often identify learning disabilities by using an informal assessment of how pupils respond to intervention in the classroom.

2.2.4 ‘Islands of Excellence’ – a focus on strengths

Research supports the conceptual definition of learning disability as an academic deficit that occurs despite the simultaneous presence of other intact neurological and cognitive skills. Children with learning disabilities exhibit a pattern of strengths and weaknesses (Johnson et al. 2005:569). In most instances it is not test scores that provide understanding of learning difficulties, but the identification of “islands of excellence within a sea of disabilities” (Kauffman et al. 2001:448).

While insight is obtained from an in-depth analysis of the types of errors made by the individual and the contexts in which they occur, a major goal of an assessment should be to identify the areas in which the individual's abilities are intact. Development of an appropriate treatment or intervention plan should be based on a thorough assessment of what a learner *can do* in spite of the difficulties in specific areas. Johnson et al. (2005:459) emphasise that in practice this is difficult to do. This perspective is aligned with the resilience model explored in this research study.

2.2.5 The social context of learning disabilities – food for thought

This section argues that the identification of a learning disability can be a highly subjective. Traditionally education focuses on the individual as the unit of analysis and therefore learning and learning failure are seen as constructs that reside within the head of an individual (Barab & Plucker 2002:165-166; Reid & Valle 2004:469). Learning disability hypotheses based on individual deficit models aim to solve the problem of learning disabilities by attempting to 'fix' an individual who is believed to be defective (Franklin 1987:7). However, Dudley-Marling (2004:482) emphasises that a learner cannot be learning disabled on his or her own because "it takes a complex system of interactions performed in just the right way, at the right time, on the stage we call school to make a learning disability". Learning disabilities must be understood in the context of the institution in which they emerge (Keogh, Gallimore & Weisner 1997:107).

Research of the social context in which learning theories emerge and develop provides rich insights into how we explain and manage children with learning disabilities. A controversial argument is that the current understanding of learning disabilities is not the result of objective scientific research but the result of a system of beliefs and values that have emerged from social, cultural, historical and political forces in society (Thomas & Loxley 2001:6; Reid & Valle 2004:477). For example, individualism is a prevailing concept in Western society and success or failure is presumed to be related to individual effort and ability. Schools inculcate this dominant value of individualism (Dudley-Marling 2004:483). Our understanding of learning disabilities is the "outcome of people's collective but shifting beliefs, needs and actions" (Reid & Valle: 2004:477). Thomas and Loxley (2001:2) assert that because we live in a highly materialistic, democratic society where equal opportunity implies the right for all to achieve financial success and an affluent lifestyle, having a learning disability can become a form of exclusion from potential economic prosperity. The result is pressure on the education system to identify, label and 'fix' learning problems.

Social context also plays a significant role in how learning difficulties emerge as a problem for the individual. Difference and identity are constructed in and through social relations (Dudley-Marling 2004:483). Whether difference is seen positively, as diversity and variation, or negatively, as deviance or deficit, depends on the mindset of those who observe that difference (Thomas et al. 2001:6). The way difference is defined has significant consequences for the learning disabled child. When difference is seen as pathology, the child becomes the object of intense observation and analysis (Reid & Valle 2004:469).

The researchers cited above question conventional understanding of learning disabilities. They argue that learning disabilities should be seen as a problem with the demands that schools routinely place on children rather than as problems or deficits within the learners themselves. For example, schools place a high value on literacy skills. In order to succeed learners must be able to read books, complete written tasks and take notes. Learners who cannot do this challenge teachers' expectations. If schools were to encourage other modalities besides reading and writing for acquiring knowledge would the learning disabilities disappear? Also, learning difficulties are more likely to emerge in schools that emphasise the *rate* of learning rather than the learning itself (Dudley-Marling 2004:484).

While accepting that individual differences are legitimate and that they may have biological, neurological, cognitive or psychological roots, Reid and Valle (2004:473) believe that variation should be viewed as "productive and natural". The difficulties learners have at school stem from the context in which learning takes place, the expectations of the educators and how they respond to the learners. Management of learning difficulties should therefore include assessment of the learning context in all its complexity. Instead of asking "What is wrong with this learner?" one should ask "What is going on here?" (Dudley-Marling 2004:488). Brantlinger (2004:492) believes schools should tolerate variation and should question what is normal or average by constantly asking themselves 'for what' and 'for whom' their teaching practices are working. Research therefore should focus on redesigning the context of learning not on remediating an individual's impairments (Reid & Valle 2004:468).

2.3 Learning disabilities as risk factors for psychosocial adjustment

No matter how a learning problem is defined or whether a formal label is given to a child, this literature research on learning disabilities confirms that struggling in the classroom entails a lot

more than academic deficits (Sideridis 2006:3). Children who battle academically often have associated emotional and behavioural problems and exhibit a high rate of psychosocial adjustment difficulties (Sorensen et al.. 2003:10).

Underachievement and complex social and emotional difficulties are interrelated and often self-reinforcing. The learner is not a passive recipient of environmental influences but interacts with the environment and receives feedback which tends to modify or reinforce behaviour. Repeated failure, poor academic self-esteem and educational isolation are likely to contribute to the psychosocial problems experienced by children with learning difficulties (Clarke & Clarke 2003:133; Elksnin & Elksnin 2004:3). Researchers such as Al Yagon (2004:12) propose that psychosocial maladjustment develops because the neurological problems associated with cognitive and academic difficulties distort social and emotional perceptions and interpretations.

Although subheadings have been used in this section it must be noted that these are not discrete constructs. They are interconnected, intertwined processes.

2.3.1 Impact on social development

Elksnin and Elksnin (2004:5) present research that confirms that learners that have appropriately developed social and emotional skills are more likely to perform better at school in a variety of contexts. Social adjustment appears to be a better predictor of academic performance than intelligence or pre-school learning. Academic success is associated with children who behave congenially, are accepted by others, exhibit well adjusted emotional development, and enjoy high levels of self-esteem and self-confidence.

Children with learning difficulties often experience significant problems at school in terms of both academic performance and peer acceptance (Bryan, Burstein & Ergul 2004:48; Elbaum & Vaughn 2003:107; Elias 2004:53; Elksnin & Elksnin 2004:3; Gans, Kenny, Ghany 2003:288; Wiener 2004:22). Social-emotional development is complex, but inappropriate or inadequate social-emotional skills may be responsible for the social difficulties children with learning difficulties experience. The reasons for these deficits are not clear and hypotheses are sometimes contradictory (Elksnin & Elksnin 2004:6).

Social cognitive and communication problems are considered inherent to the learning disabled child, leading to social relationship difficulties which in turn result in internalising problems such

as low self-esteem, anxiety and depression (Bauminger, Edelsztein & Morash 2005: 45,46). Social problems emerge if learning disabled children have difficulty in recognising and understanding others' emotions. These children misinterpret social cues and have great difficulty solving social problems (Elksnin & Elksnin 2004:5-6; Mishna 2003:337). This may be because children with learning problems have deficits in both working memory and speed of processing which impedes their ability to interpret social cues. They cannot consider and integrate multiple intentions and behavioural phenomena in others which results in misjudged interpretations of social interactions (Wiener 2004:26-27). Communication competence (i.e. pragmatics) is often poorly developed in learning disabled children. For example, they display problems with initiating discussions, presenting different points of view, taking turns in conversations and being tactful. These pervasive pragmatic deficits have a negative impact on social relationships (Bryan et al. 2004:47).

Some research has found that because children with learning difficulties are often rejected by other children, they are at increased risk for being bullied (Mishna 2003:340). Al-Yagon (2004:12-19) explored the pattern of close school relationships among children with learning disabilities. He found that children with learning difficulties appraised their patterns of close relationships at school as less secure than did their peers without learning problems. Also these children appeared to experience higher levels of avoidance and anxiety in their peer relationships. His findings emphasise that secure attachment at school may not be experienced by children with learning difficulties.

2.3.2 Impact on self-concept

Empirical and theoretical perspectives differ with regard to the exact nature of self-concept and its relation to other aspects of psychological functioning. Self-concept can be viewed as a multidimensional construct. Parents and teachers are often particularly concerned about self-concept. It is seen not only as a critical indicator of psychological adjustment but also as a predictor of future happiness and success. Learners who have academic difficulties and low self-concept are considered to be at risk of poor academic and post school outcomes (Elbaum & Vaughn 2003:107).

Research literature on self-concept in children with learning disabilities shows mixed findings and is often contradictory (Gans et al. 2003:287). Children with learning problems are not a homogenous group and individuals' self evaluations may differ by domain (i.e. academic, social or physical). Elbaum and Vaughn (2003:291) found that most children with learning disabilities

know that they have been labelled with a disability and have a negative self-concept of their cognitive abilities and academic skills. Many learning disabled children present with low self-esteem due to a history of repeated failure. However, they also found that the children did not generalise their feelings of academic weakness to more general self-concept perceptions. Campbell in Turner, Husman & Schallert (2002:82) proposed that because children with a low self-concept may be uncertain about their abilities, they may be more vulnerable to negative emotional states because they are excessively influenced by external cues. A large number of studies show that students with learning difficulties have a significantly more negative self-image than their peers without learning problems at an academic level, at the level of general self-concept and regarding other facets of themselves such as social relationships (Nunez, Gonzalez-Pianda, Gonzalez-Pumariega, Roces, Alvarez, Gonzalez, Cabanach, Valle & Rodriguez, 2005:86). Students with learning problems can experience high levels of peer rejection and loneliness, as well as high levels of depression and anxiety (Al-Yagon 2004:12). Dole (2000:92) adds that they may also experience high levels of frustration, self-criticism, emotional lability and hypersensitivity.

Social self-concepts may vary depending on a variety of personal and situational factors (Bryan et al. 2004:46). Although separate findings for academic and general self-concept were reported in a meta-analysis by Prout, Marcel and Marcel (in Elbaum & Vaughn 2003:107), they concluded that the lower self-concept of children with learning disabilities is not confined to the academic domain but also affects more global perceptions of self-worth. However, Elbaum and Vaughn (2001:108) believe that research has not adequately considered the heterogeneity of children with learning disabilities with regard to self-concept. They found that students with a learning disability are not very dissimilar from their peers without disabilities in terms of general self-concept (Elbaum & Vaughn 2001:108).

Kloomok and Cosden (1994:151) found that perceptions about one's physical appearance, perceptions of competence about one's social acceptability and perceived support from parents were good predictors of global self-concept in the learning disabled children they studied. Gans et al. (2003:288) add that favourable feedback from others such as teachers, parents, friends and peers, and perceived competence in domains other than academics assists in elevating the learning disabled child's self-concept.

2.3.3 Impact on behaviour

Temperament or behavioural style refers to *how* a person approaches tasks (Teglasi, Cohn & Meshbesher. 2004:9). Temperamental attributes (such as energy level, intensity of emotional responses, adaptability, reactivity, task orientation, persistence, inhibitory control and flexibility) exert their influence on learning and development. However, the connection between learning problems and behavioural problems has been evaluated, but a clear relationship has not been established.

Children with learning difficulties often exhibit temperamental tendencies that are not a ‘good fit’ with the school environment and this can contribute to social and emotional problems. Children with adverse temperamental dispositions compounded by information processing deficits and learning difficulties face bigger challenges in acquiring complex academic and social competencies (Teglasi et al. 2004:9;11,16). Children with learning problems are frequently distracted and fail to complete tasks which may in turn cause behaviour problems (Gans, Kenny, Ghany 2003:292). Some of the behaviour problems exhibited by children with learning problems may be linked to poor emotional regulatory skills (Bryan, Burstein & Ergul 2004:47).

To complicate this already complex situation, Sharma (2004:140) found that social and emotional maladaptive behaviour usually becomes more pronounced with age in learning disabled children. Over time, their frustrating academic failure may have influenced their behaviour or their maladaptive tendencies may have a debilitating effect on their academic achievements. Either way their problems are compounded.

2.3.4 Impact on emotional development

There are strong relationships between positive and negative affect and learning and social relationships. Negative emotions such as anger, fear, anxiety, disgust and sadness depresses memory and produces inefficient information processing and poor conflict resolution. Research has found that students with learning difficulties are more likely than comparison students to experience these negative emotions (Bryan, Burstein & Ergul 2004:46; Sideridis 2006:3).

It is important to note that negative affect may not be the result of poor academic achievement and difficulty making friends. Data suggest that negative affect (which is regulated by the nervous system) may be the precursor of both. (Bryan et al. 2004:46; Lackaye, Margalit, Ziv & Ziman, 2006:111). In other words difficulty in emotional regulation influences responses to social

situations. Negative affect is likely to influence children's perceptions and interpretations of others' behaviours toward them as well as their responses to them.

Self-conscious emotions (i.e. pride, shame, guilt and embarrassment) influence goal setting, task persistence and attitudes towards learning. Shame is probably the most intense and unpleasant of these emotions and has a major influence on goal pursuit or abandonment. Shame is associated with perceptions of failure (Turner, Husman & Schallert 2002:80). Wiener (in Turner et al. 2002:81) suggests that if learners perceive their failure as being due to stable, internal problems that they cannot control, they will feel shame and will see no reason to try harder. Attributions that would be more constructive would be those that are unstable, internal and controllable. Learners who perceive themselves as having made little effort in a task may motivate themselves to try harder next time. In this way attributions become the basis for expectations about future outcomes. There is therefore a need to examine the damage done to children by the widespread use of labels such as learning disability if the constructs underpinning the label assume biological determinism.

In pioneering research on resilience and learning disabilities Spekman et al. (1993:12) emphasised that while we all expect to experience failure at some time in our lives, these children experience failure when they are very young and therefore the impact may be overwhelming. Unlike adults they are forced to experience this without understanding what is happening, without preparation for failure, without a peer group to support them, no coping strategy in place and without the emotional maturity to place it context. Muris, Meesters, Schouten and Hoge (2004:52) believe early experiences with uncontrollable events are primary pathways to the development of negative emotions. Such experiences may foster a cognitive style that is characterised by the tendency to perceive and process events as not within one's control. Children who have this information processing style may have the idea that nothing can be done to prevent negative outcomes and hence are more likely to develop high levels of anxiety and depression. Anxiety has a detrimental effect on the performance of complex cognitive functions that require the flexible manipulation, integration and application of information (Bryan et al. 2004:46).

2.3.5 Impact on motivation

Motivation to work at school is complex, but investigating motivation mechanisms may enhance learning disability identification (Sideridis 2006:4,5). It appears that what motivates a learner is associated with unique patterns of behaviour, affect and achievement. The literature suggests that learners in school are usually either motivated by a desire to master learning in a specific subject

area or by a desire to outperform others. Sideridis (2006:5,16) found that children with learning disabilities are *not* motivated by a mastery orientation. For many it is totally outside their frame of reference.

Another source of motivation is an external form of motivation which involves feeling obliged to work towards goals that are important to significant others. These goals are usually linked to low achievement, heightened anxiety, fear of negative evaluations, lack of task persistence, avoidance behaviour and decrements in intrinsic motivation. Deci and Ryan (in Sideridis 2006:5,13) emphasise that external pressures, controls and evaluations hinder rather than facilitate motivation and self-determined behaviour. Classroom goals that include performing well, being competitive, making as few mistakes as possible, and constantly reviewing and evaluating performance using normative standards are difficult environments for children with learning difficulties.

Lower levels of hope are associated with decreased effort (Lackaye et al. 2006:118). Children who believe that their intelligence is fixed and will not change throughout their life often display a helpless pattern and are more likely to approach tasks in order to perform to someone else's standards. On the contrary, children who believe that their intelligence can evolve are more likely to persist (Sideridis 2006:4).

2.4 The impact on the mother of discovering her child's learning disability

2.4.1 Introduction

Cosden (2003:87) states that the field of learning disabilities has moved from a focus on identifying the child's learning deficits to an examination of what it means to have a learning disability within family, social and community contexts. The consequences of identifying learning difficulties in a child are profound in most family contexts. Discovering a child's special learning needs can be a difficult, confusing and painful experience for both parents (Heiman 2002:160; Morrison & Cosden 1997:48; Smith 2004: 1). The presence of a child with a learning disability is cited as a source of anxiety for families which may contribute to lower coherence (Lardieri, Blacher & Swanson 2000:106,115). Condrell (2006:73) asserts that problems at school always create problems at home and parent-child relationships are changed by the stress of coping with school failure.

Although the diagnosis of learning difficulties in a child affects the whole family and both parents can play significant roles in nurturing and raising the child, this study focuses on the effects of the

learning disability on the mother-child relationship. Mothers bring different interpretations of the diagnosis to the situation (Partington 2002:164) because they are often the parent who takes most responsibility in the day to day care and support of the child. Mothers have different perceptions about what the disability means to her child and what it will mean in the future. This impacts on how she relates to her child. The mother's coping strategies are influenced by her personal paradigms concerning definitions, perceptions, experiences and evaluations of learning disabilities.

This section briefly explores some of the mother's emotional and behavioural responses to discovering her child's learning disability. In Chapter 3 (Section 3.6) these responses are analysed in more detail (using the resilience model) in terms of how they may be risk or protective factors in the development of resilience in the child.

2.4.2 Emotional responses

It is significant to explore a mother's emotional response to coping with a learning disabled child because maternal emotions appear to influence self-efficacy perceptions and both emotions and self-efficacy seem to jointly affect parenting quality (Maniadaki, Sonuga-Barke, Kakouros & Karaba 2005:246). Mothers of children with learning difficulties are at risk for emotional and/or social stress (Bailey & Smith 2000:294; Smith 2004:3). Initially they may experience disbelief, disappointment and a sense of loss, and go through a period of grieving (Partington 2002:163).

The interaction of mothers and their children with learning difficulties may be characterised by anxiety (Al Yagon 2004:14). The mothers may recognise that their learning disabled children are at risk for a range of social emotional problems as well as academic failure and this puts enormous pressure on the mothers to find solutions. Mothers may become more anxious and overprotective of their children as they feel the need to become a buffer between their child and the difficult school environment (Lardieri et al. 2000:106).

Mothers of children with learning difficulties often feel guilt. This may arise because they believe they have not been a good enough parent in the past (Smith 2004:2) or that that they are not doing enough or a good enough job now (Smith 2004:7). Also they may believe that their child has inherited the learning disability from them and it is their responsibility to find a solution.

Mothers may feel dissatisfaction with their maternal role. Satisfaction has been found to be related to mother's feelings of competence as a parent, to a positive perception of the child and to the perceived ability to balance many family demands (Lovenfoss & Viney 1999:432). Satisfaction may be eroded when coping with a learning disabled child.

Mothers may be plagued by feelings of uncertainty. It is challenging to be a mother of a child with learning difficulties because the problems are often, subtle, multiple, and difficult to isolate and it can be hard to know whether development is normal or not (Smith 2004:1).

It is not unusual for a mother to experience ambivalent feelings towards her child. Sometimes she may feel supportive, loving and patient; at other times frustrated and discouraged (Grosman 2001:2).

2.4.3 Looking for answers

Pauc (2006: 5) contends that parents need labels for their child's difficulties so that they feel less helpless. The label directs their search for treatment. Labels imply that the sooner the child's problem is detected, "the sooner it can be fixed" (Pauc 2006:6). The model used to explain the child's learning disability tends to determine the actions taken by parents in general and mothers in particular.

If the diagnosis given to the mother does not help the mother's understanding of the situation, it may lead her to explore other theories to find an answer. She may spend time and energy seeking out professional opinion or expert advice that is more aligned to her world view (Condrell 2006:72). This has been termed the 'shopping around syndrome' (Hall & Hill, in Partington 2002:164).

Individual learning patterns and neurodevelopmental dysfunctions are common topics of discussion in the popular media such as in magazines and newspaper articles and television talk shows (Reid & Valle 2004:470). This may provide mothers with welcome additional information or may be confusing and promote an overanxious, micro-level analysis of the problem. Kavale and Forness (2000:240) believe that the basic problem is the failure of learning disability definitions to provide specific, distinct, significant insight into the nature of the condition.

2.4.4 Daily assistance

The mother-child relationship is likely to become more intense as mothers usually take responsibility for coordinating school and therapeutic activities, liaising with teachers and therapists, facilitating homework assignments, managing the social lives of their children as well as providing their children with emotional support. Mothers of children with learning problems indicate that they are far more stressed trying to meet the needs of their children as well as maintaining other family and personal responsibilities (Lardieri et al. 2000:106).

Mothers may also experience tension and conflict in their relationships with their learning disabled children. This is often because they experience frustration on a daily basis as they try to assist their children with completing homework, making decisions and giving instructions. A child with learning difficulties often presents with difficult behaviours such as non-compliance, difficulty with impulse control, disruptive and immature social interactions, and heightened sensitivity to criticism (Lardieri et al. 2000:105). The mother needs to become "the analyst, the interpreter, the problem solver, the cheerleader, the lawyer, the psychiatrist, the spiritual adviser, the organiser, the note taker, the friend, companion, advocate and disciplinarian" (Smith 2004:7).

Relentless focus on the child's academic failures and problem behaviours may divert a mother from other inter-personal relationships such as those she has with her husband, other children, extended family and friends. She may become resentful of the time she has to spend with this child (Grossman 2001:1).

2.4.5 Interaction with teachers and professionals

Thomas and Loxley (2001:53) advise against "incarceration by smothering: the entrapment of the child in a cocoon of professional help" and yet most mothers use every resource they have to help their child flourish. Some of the anxiety and tension experienced by mothers is linked to the contact they have with educational and/or medical professionals.

Mothers may have to attend meetings where their own child is described as an amalgamation of test scores, discrepancies, deficits and limitations and the information they have of their child is disqualified (Reid & Valle 2004:475, 476). Mothers may feel estranged from the process of helping their children. School professionals often speak from an authority based on their understanding of a learning disability as an objective, indisputable truth and position themselves in

a dominant rather than a collaborative role with parents (Reid & Valle 2004:475). Helping professionals and teachers tend to focus on stress and related non-coping factors in their communication with parents. In order to find ways of helping they frequently want to identify the difficulties rather than how individuals cope with these difficulties (Bower & Chant 1999:6). Mothers may resent reliance on professionals to change an outcome over which they perceive no control.

2.4.6 Coping

It is important to recognise that while all mother-child relationships are changed by the presence of a learning disability, not all change for the worse. Condrell (2006:72) emphasises that not all families or mothers who have to cope with learning disabled children are alike and they do not necessarily share the same patterns of interaction, stress and discord that have been suggested in previous research. Mothers may find that they have a heightened sense of purpose and intentionality when planning their child's daily activities. Many mothers exhibit positive parenting practices and behaviours and have adaptive coping mechanisms. This may be because they appraise the situation as manageable.

2.5 Conclusion

Discourse about special education presumes “rock solid knowledge” (Thomas & Loxley 2001:1). Despite evidence in many fields “that human thought, language and behaviour are multilevel, shifting and infused with subjectivity and values, people seem to want to establish the world as nameable, stable and controllable” (Brantlinger 2004:497). This literature search shows that the field of learning disabilities is no exception.

Chapter 2 demonstrates that although a learning disability may be related to a neurobiological dysfunction, there is an increasing appreciation of the role that context plays in how the disability manifests itself. A learning disability is presented as a difference in abilities that creates a mismatch between the learner and the environment. This mismatch has many psychosocial implications for the child that are often more significant than just academic deficits. Because mothers are often directly involved in supporting their children with learning problems their emotional responses to these difficulties are considered to be significant.

The following chapter explores the construct of resilience, the development of resilience in the learning disabled child, and the mother-child relationship as a risk or protective factor in the

development of resilience. Amidst complex and often conflicting advice from professionals mothers try to help their child in the most effective way possible. This motivation to help and all the activities that constitute 'help' affect the mother-child relationship. The chapter explores the possibility that the mother-child relationship may be a significant protective factor for the child, or in some cases ceases to be a protective factor thereby counteracting the development of resilience.

CHAPTER 3

RESILIENCE

3.1 Introduction

Chapter 2 explored literature concerning learning disabilities with reference to theoretical debates in the field as well as to the social and emotional impact of learning problems on the child and the child's mother. The aim was to emphasise the complexity of, and controversy within, the field. As theory and practice is not 'cast in stone', there is an opportunity to use an alternative paradigm with which to plan support for those most affected. This chapter discusses resilience and the relevance of using the resilience model to support children with learning disabilities.

The popularity of the resilience model can be attributed to the model's optimistic perspective. It empowers individuals to nurture strengths to promote health, healing, constructive adjustment and positive outcomes (Luthar, Cicchetti & Becker 2000(b):575; Thompson 2005:56). Resilience research moves away from a reductionist, problem-solving approach which, as discussed in Chapter 2, has informed most learning disability research. The resilience model is consistent with a more positive and inclusive approach to supporting children with learning disabilities (Goodley 2005:334).

This chapter explores the construct resilience. Some definitions as well as some theoretical concerns are presented. The chapter provides an overview of research focussing on resilience development in children with learning difficulties. However, the main focus of the chapter is on the role that the mother-child relationship plays in fostering, or limiting the development of resilience in the child with learning difficulties.

3.2 What is resilience?

Resilience is considered to be one of the most important and challenging terms in contemporary psychology (Von Eye & Schuster 2000:563). Broadly, it can be defined as the ability to rise above difficult situations and maintain relatively stable, healthy levels of psychological functioning (Criss, Pettit, Bates, Dodge & Lapp 2002:1220; Garmezy in Olsson 2003:3), or as positive adaptation in spite of significant adversity or risk and associated negative affect (Masten & Reid 2005:74; Luthar, Cicchetti & Becker 2000(a):543; Masten in Lewis 2000:2). Bonanno (2004:21) observes that resilient individuals experience transient disruption to normal functioning after significant negative life experiences and then 'bounce back'. He asserts that they "show a stable

trajectory of healthy functioning across time as well as a capacity for generative, fulfilling experiences and positive emotions” (Bonanno 2004:21).

While the resilience concept is positive, optimistic and motivating, it must be recognised that there is considerable discrepancy and debate concerning the construct (Luthar et al. 2000(a):543; Masten et al. 2005:75; Roosa 2000:568). Definitions are ambiguous and terminology is inconsistently applied in research (Robinson 2000:571). In essence the debate concerns how the construct should be operationalised and measured (Luthar et al. 2000(b):574; Olsson et al. 2003:3). This is challenging because individual risk experiences are varied and heterogeneous and there is considerable variation in the kinds of psychosocial outcomes that researchers have considered representative of resilience (Miller 2002:291,292; Olsson et al. 2003:2; Robinson 2000:571). The fact that individuals achieve subjective levels of competence and adaptation contributes to the measurement difficulties. Also, there is no consensus yet whether the aim of resilience research is to promote superior functioning or limit negative adaptation and pathology (Luthar et al. 2000(a):544, 545). Resilience research has evolved since the 1970’s in an attempt to address these issues.

Early research focused on investigating personal qualities of resilient individuals such as autonomy, high self esteem or self-efficacy (Luthar et al. 2000(a):544). Resilience was defined as a trait or characteristic of an individual (Margalit 2004:45). As further empirical studies were undertaken, researchers increasingly acknowledged that resilience is not just a discrete, personality trait or personal attribute but may often derive from factors external to the person.

Research in the last two decades has shifted away from identifying resilient characteristics to understanding underlying protective processes (Luthar et al. 2000:544). From this perspective resilience is seen as a dynamic process of adaptation that involves interactions between a wide range of risk and protective factors within multiple domains (Beasley, Thompson & Davidson 2003:77). The focus is now on trying to understand not only what the factors are but also *how* such factors interact and contribute to positive outcomes (Luthar et al. 2000:544; Robinson 2000:570). Protective and risk factors may be intrinsic or extrinsic, are usually strongly context specific and interact in dynamic ways (Goodley 2005:334). This valuable perspective will be explored in more detail in Section 3.3.

3.3 Resilience as a process

Unfortunately the processes underlying specific protective factors identified in resilience have not yet been subject to much systematic research (Masten 2005:82). However, a review of the literature has identified the following important elements of the resilience processes.

3.3.1 Dynamic interaction of many factors

Luthar et al. (2000(a):548) discuss the importance of considering resilience as multidimensional. It appears that protective factors do not act in isolation but rather operate simultaneously in interactive patterns in order to buffer individuals against the effects of stress (Morales 2000:17; Roosa 2000: 567). Protective factors are likely to interact exponentially to lead to positive developmental outcomes. Multiple risk factors have a cumulative effect and may lay down a foundation for negative psychosocial outcomes (Masten et al. 2005:77; Olsson 2003:4). Similarly, multiple protective factors acting in synergy may far exceed the effect of one significant life risk.

3.3.2 Context specific

Luthar (2000(b):575), Roosa (2000:571) and Morales (2000:12) emphasise that many protective factors are effective and can have a strong influence *in the context of particular risk conditions*. Their effects are trivial in the absence of adversity, but they exert a powerful influence through interaction with a specific risk, in a specific context (Olsson 2003:3). Resilience, therefore, is not an individual attribute but a product of the context in which it can emerge.

3.3.3 Developmental progression

Positive adaptation despite exposure to adversity involves a developmental progression because new vulnerabilities and/or strengths often emerge with changing life experiences (Luthar et al. 2000(a):544). Resilience development is a complex interactional process that is found in varying degrees throughout the lives of everyone (Margalit 2003:86). A significant perspective is that resilience develops not from avoidance of risk but from exposure to risk and the consequent successful negotiation of difficult circumstances throughout life (Luthar et al. in Edward 2005:242).

3.3.4 Domain specific outcomes

It is unrealistic to expect any group of individuals to show consistently positive or negative adjustment across multiple domains. Some high risk children manifest competence in some developmental areas but exhibit problems in other domains. Masten et al. (2005:76) emphasise that multiple indicators of resilient functioning should be considered, not least of which is positive psychological wellbeing that develops in spite of a lack of competence in specific domains such as academic performance.

3.3.5 Interpersonal relationships are a significant source of risk and protective factors

Resilience occurs in a variety of inter-relational contexts. Families, friends, professionals, schools and work influence and shape its emergence. It is a phenomenon borne out of relationships between individuals (Goodley 2005:334,335).

3.3.6 Life enriching process

Wilkes (2002:229) emphasises that the resilience process is a life enriching model. Risks, stressors and change provide growth and thus increased resilient qualities or protective factors. The disruptive and reintegrative process describes the 'up and down' life for most people. Wilkes (2002:313) claims "a succinct statement of resilience theory is that there is a force within everyone that drives them to seek self actualization, altruism, wisdom and harmony with a spiritual source of strength". Inquiry about resilience now focuses on discovering what this energy source is and where it can be found. This quest implies that the search for, and nurturance of, individual strengths is a priority in fostering resilience.

3.4 Relevance to this study of considering resilience as a process

The challenge of resilience research is ultimately to inform best practice interventions that promote positive developmental outcomes (Olsson 2003:3). While acknowledging the limitations and debates concerning the construct resilience I believe taking cognisance of resilience as a dynamic process offers a valuable paradigm for an educational psychologist. Understanding resilience as a process negates theory that situates the locus of human difficulties or successes only within the person, under their control (Luthar et al. 2000(a):546). Attention turns instead to the dynamic interaction between intrinsic and extrinsic factors that increase risk and maintain vulnerability and those that give protection and promote resilience in the face of adversity.

Seligman (2005:3) states, “Building strength is the most potent weapon in the arsenal of therapy”. Understanding resilience from a process perspective can inform the search for strengths. In order to build strength and resilience in children, the educational psychologist needs to examine the dynamic interaction of multiple risk and protective factors in their lives, and to search for intrinsic and extrinsic mechanisms or processes that act to modify the impact of risk factors.

Human relationships are by nature complex, dynamic, multidimensional interactive processes that occur in different contexts. I support Berscheid (in Strumpfer 2003:69) who argues that we need to attend to these recurring interactions and interconnections between people rather than focussing on the properties within individuals. This research based on the notion that the risk factors associated with learning disabilities are reduced or exacerbated by the interaction between potential risk and protective factors inherent in the mother-child relationship.

3.5 Resilience and learning disability

A special issue of *Learning Disabilities Research and Practice* (2003 18(2)) explored the potential benefits of the risk resilience framework for the field of learning difficulties at great length. Cosden (in Wong 2003:69) considered the presence of learning difficulty as a risk factor, but acknowledged that risk processes involved with learning disabilities encompass more than the act of battling to learn at school. Studies of risk and protective factors in resilience development confirm that it would be simplistic to believe that a single vulnerability such as a learning disability is the cause of a negative chain of events leading to compromised psychosocial development. Resilience is a multi-factorial concept (Al-Yagon 2004:17). However, as discussed in Chapter 2, patterns of family interactions, self-esteem, peer interactions, social learning, frustration, motivation, exclusion and despair are additional processes which increase the chance of poor outcomes for children with learning difficulties (Luthar et al. 2000(a):548; Olsson 2003:4; Wiener (2003:78).

Developmental pathways are extremely difficult to study because lives unfold from a multitude of transactions within complex inter-personal systems (Masten et al. 2005:81). Therefore, the development of resilience cannot easily be predicted, but Bonanno (2004:20) believes that there are many pathways to resilience and sometimes these pathways are unexpected. Olsson (2003:8) presents a hypothesis that “the greater the range of resources an individual has, the more likely the individual will be capable of mounting an adaptive response to any life crisis”.

Three sets of factors are consistently implicated in research in the development of resilience in children in general (Luthar et al. 2000:544; Masten et al. 2005:83; Olsson et al. 2003:3; Rutter in Bonanno 2004:27). The factors identified are also supported in other research. They are:

1. attributes of the children themselves such as positive temperament, physical attractiveness, athletic skills and locus of control (Perry 2002:33,34; Bachay & Cingel in Edward 2005:242; Edward 2005:242; Lewis 2000:6-8; Hippe 2004:240)
2. aspects of their families such as supportive, emotionally warm and involved parents (Howard & Johnson 2002:4; Lewis 2000:2; Edward 2005:242; Olsson 2003:7; Perry 2002: 33).
3. characteristics of their wider social environments such as opportunities to become involved in prosocial youth organisations and extra-mural activities (Edward 2005:242; Deveson 2003:66; Tusaie & Dyer; Edward & Warelow in Edwards 2005:242, 243; Bachay and Cingel in Edward 2005:242; Perry 2002: 34, Deveson 2003:66).

These factors are *also* identified in research specifically related to how children with learning disabilities became resilient adults (Al-Yagon et al. 2004:17; Werner in Wong 2003:69; Cosden in Wong 2003:71).

The experience of risk, disappointment and stress are essentially normal aspects of growing up. Thus, the elimination of risk is not an attainable or reasonable goal (Olsson 2003:7). Research shows clearly that learning difficulties do not go away despite intensive academic intervention (Sorenson et al. 2003:19). If one accepts this, then there is a need to help mediate or minimise the impact of adversity. Individuals can be helped to cope, manage and adapt to a learning disability in highly productive ways (Spekman, Herman & Vogel 1993:63). A resilience based approach to supporting children with learning disabilities emphasises the building of skills and capacities that facilitate the successful negotiation of challenges (Margalit 2004:47). Focus should be directed towards areas of success and competence in order to foster positive psycho-social outcomes (Spekman, Goldberg & Herman 1993:16). Building interpersonal and emotional strengths often activates resilient energy (Margalit 2003:85).

The development of resilience will be influenced by family, social and cultural expectations and values. For example, self-awareness and self-understanding are considered important values in Western democratic society where individualism is also valued. It is believed that self-understanding and self-acceptance of one's own cognitive patterns of assets and weaknesses help set realistic goals and promote effort in striving towards goals (Morales 2000:17,19). However,

Wong (2003:73) notes that the importance of self-reflection in all families or cultures is not necessarily the same. Resilience processes cannot be dictated.

It is significant that Al-Yagon (2004:17) found that children with learning difficulties reported higher levels of avoidance and anxiety in their close relationships and a lower incidence of secure attachment compared to children with typical development. This research has unique value in exploring the role that attachment factors play in explaining psychosocial adjustment and resilience among school-age children with learning impairments. Bowlby, (in Kerns, Aspelmeier, Gentzler & Grabill 2001:69) maintains that although children first form attachments to their primary caregivers in infancy, they continue to need attachment figures across childhood and adolescence. Even in middle childhood children cite parents as main providers of social and emotional support. Clarke and Clarke (2003: 334) found that family social factors were among the only significant correlates of later achievement or underachievement in children with learning disabilities. Al-Yagon (2003:332) supports further examination of the role of secure attachment in explaining emotional adaptation among children with mild developmental delays. However, he emphasises the fact that protective factors are multidimensional and secure attachment alone is unlikely to determine the resilience of children with learning difficulties (Al-Yagon 2004:17).

This literature review supports the idea that it is essential to give more attention to the parent-child relationship as a potential risk or protective factor in the development of resilience in the learning disabled child (Cosden 2003:88; Elias 2004: 55; Theron 2004:321). This research focuses on the mother-child relationship. A discussion of the most salient dimensions of this crucial relationship and how it contributes to the development of resilience in learning disabled children is presented below:

3.6 Dimensions of the mother-child relationship as a risk or protective factors

3.6.1 The mother-child relationship

The mother-child relationship is unique and is significantly different to the father-child relationship. For example, in many cases fathers often spend less time interacting with their children and therefore influence their child's psychosocial development in different ways (Pleck in Valient, Fabes, Eisenberg & Spinrad 2004:103). As this study comprises a dissertation of limited scope, the focus is on the mother-child relationship. Before exploring the dynamics of the mother-child relationship and the processes which may contribute to the development of resilience in a child, the nature of the relationship needs to be examined.

The mother-child relationship is an ongoing reciprocal process of interactions influenced by many parenting variables. Parenting style is the most frequently investigated variable and encompasses beliefs, attitudes, goals and patterns of parenting practices (Aunola & Nurmi 2005:1144). Darling and Stein (in Spera 2005:127) define parenting style as the emotional climate in which parents raise their children. Parenting style is usually investigated in terms of three dimensions: affect, behavioural control and psychological control (Rytönen, Aunola & Nurmi 2005:494). Within this emotional climate, specific child rearing behaviours and day to day mother child interactions emerge (Wood, McLeod, Sigman, Hwang & Chu 2003:134). These behaviours occur in response to specific situations and demands. These behaviours reflect parenting constructs such as parental involvement, parental monitoring and parental goals, values and aspirations (Spera 2005:127). For example, interpersonal mother-child interactions reflect the degree to which the mother is responsive and sensitive to the child's needs and the level of trust that has evolved between them (Baron & Byrne 1997:275).

Both parenting style and parenting behaviours contribute to the development of resilience. When trying to understand how this happens, it is useful to borrow concepts from contemporary developmental models of childhood anxiety (Wood et al. 2003:135). These researchers stress that to prevent over-simplistic causal attributions, two concepts must be borne in mind. The first concept, *multifinality*, implies that a single risk factor can have a variety of outcomes. For example, a controlling parental style may contribute to increased anxiety in a child or it may contribute to successful outcomes depending on the context. The second concept, *equifinality*, implies that there are multiple pathways to the same resilient or non-resilient outcomes and that a single risk factor such as parenting style cannot universally account for development in either direction. It is therefore necessary to evaluate the context in which these behaviours occur, the consistency and specificity of the behaviours and how these behaviours compound other risk factors. From a developmental psychopathology perspective, some risk factors contribute to the development of psychosocial problems whereas some risk factors maintain psychosocial problems. These same processes may also be involved in positive psychosocial outcomes.

The way a mother thinks about her child and her child's problems influences how she behaves and interacts with her child (Luthar et al. 2000(a):534). This particularly refers to how she reflects on and understands the child's mental world (Sharp, Fonagy & Goddyer 2006:198). A mother's understanding of the learning difficulties her child faces, her own emotional response, and what she believes is the best way to address the problem, set in motion a complex pattern of behaviour and interactions.

This research project acknowledges that the mother-child relationship contributes to the development of resilience in multiple, complex ways. As this is a dissertation of limited scope, these complex processes are not examined in great detail. Without oversimplifying the construct it is relevant for this research project to identify and examine the mother-child relationship in terms of specific behaviours, attitudes, patterns of interaction and expression of emotion, with reference to how they may act as risk or protective factors. The following factors have been distilled from various sources but they do not comprise an exhaustive list.

3.6.2 Maternal attitudes and behaviours as risk factors

i. Maternal stress and anxiety

The behaviour of mothers of children with learning difficulties may be characterised by anxiety and stress (Al-Yagon 2004:14). Al-Yagon (2003:320) explores family systemic theories that regard cohesion (the extent of connection, closeness and involvement between family members) and adaptability (the family system's ability to change in response to developmental and external pressures). I find that mothers of children with learning difficulties must cope with continual challenges and high levels of stress that contribute negatively to their sense of cohesion, family cohesion, patterns of attachment and coping behaviour. It is possible that the support action that schools request in response to diagnosing learning problems in the classroom (for example occupational therapy, physiotherapy speech therapy, remedial therapy) which implies that their children need to be 'fixed', may exacerbate the mothers stress response. Constant striving for control over events can take its toll on an individual (Petersen 2000:51).

Maternal anxiety can have an effect on the mother-child relationship in different ways. Maternal anxiety can be associated with more intrusiveness, overcontrol, displays of frustration, less positive affect and less granting of autonomy to their children (Ginsberg, Grover & Ialongo 2004:35). Thompson (2006:58) lists high maternal anxiety as a risk factor that has a demonstrated detrimental effect on a child's psychosocial development. Anxious mothers tend to report higher levels of parental distress and display higher levels of dysfunctional interactions primarily due to their constant and overwhelming worries. Often these worries relate to fears of something bad happening to their children.

Maternal anxiety is associated with over reporting of children's symptoms (Costa, Weems, Pellerin & Dalton 2006:114). Mothers may, through what they say or do, imply that the problems facing their children are impossible to solve. In other words they may view problems in a

catastrophic manner (Wood et al. 2003:135). Children may incorporate this negative parental response style leading them to believe they do not have the resources or strategies to cope with anxiety provoking situations (Eisen et al. 2004:102; Wood et al. 2003:135).

Although anxiety has a multifactorial etiology, anxiety symptoms in children are associated with anxious parenting practices and overprotection (Essau & Petermann 2001:117). There is a higher probability that children of anxious mothers observe overly anxious behaviour. This is especially prevalent when responding to stressful daily activities. Modelling anxious behaviour may fuel pessimistic expectations in children leading to their own anxiety and poor emotional adjustment (Eisen et al. 2004:91). Mothers who are highly anxious might be likely to respond to their child's concerns and worries in an over-solicitous, protective manner thus reinforcing the distress in their children (Wood et al. 2003:147).

ii. Maternal over-involvement, intrusiveness and control

Those intimately involved with children who have learning disabilities often walk a fine line between 'doing for', 'overprotecting', or 'overstructuring' (thereby fostering a sense of learned helplessness) and 'overchallenging' or pushing an individual forward unrealistically (Spekman, Herman & Vogel 1993:64). Mothers of children who present with learning difficulties at school often feel a huge responsibility in making sure their children do better at school and avoid failure. This may result in intrusive and controlling behaviour. Control is defined as a pattern of excessive regulation of children's behaviour, activities and routines that is associated with autocratic parental decision making, overprotection or instruction to children on how to think or feel (Wood et al. 2003:135).

Parents often unknowingly reinforce their child's anxiety by overprotection and excessive reassurance. Over-protection or over-controlling behaviours may result in mothers ignoring their children's perspectives and misinterpreting or mislabelling their children's emotional reactions. Children often capitulate and accept their mother's interpretation of their emotions in order to please them or avoid disapproval. In this way children distort their experiences. Mothers who do not listen, accept or validate their children's accounts of their emotional reactions contribute to poor emotional development (Stein, Trabasso & Liwag in Hartner 2005:386). Also children may become more anxious because they believe that they have no control over events in their lives (Essau & Petermann 2001:118-119; Muris, Meesters, Schouten & Hoge 2004:52;54).

Mothers' intrusiveness refers to qualities of over-directedness, over-stimulation, interference or over-protectiveness. The child's autonomy is undermined through such behaviour. Maternal experiences of guilt and shame stemming from fears that she may not be a good mother complicate the mother-child relationship. A lack of self-confidence may contribute to feelings of anxiety. Associations between maternal depression, anxiety and stress and irritable intrusiveness is well established (Lok & McMahon 2006:477,485,486).

Pomerantz, Florrie and Qian (2006:102) cite research that proposes that children with learning difficulties who feel that they lack competence are particularly vulnerable when parents use control to manage their behaviour. This has the potential to foster feelings of incompetence among children because they are not allowed to express thoughts on coping or develop their own problem solving strategies (Wood et al. 2003:135). For example, when parents frequently provide unrequested assistance in the academic and social arenas, children with negative perceptions of their academic and social competence experience more depressive symptoms over time than do their counterparts with positive perceptions. It is extremely significant that the tendency for children with negative beliefs about their ability in school to be particularly sensitive to how mothers assist with homework extends evidence that children who experience themselves as incompetent are particularly sensitive to parents' and teachers' practices (Pomerantz et al. 2006:111).

iii. Maternal expressions of negative affect

A mother's emotional expression towards her child is influenced by her perception of what causes her child's to behave in a certain way (Valiente et al. 2004:105). Angry emotional reactions may be related to the frustration of coping with a child with a learning disability (and the associated challenging behaviours). Mothers who express high levels of negative dominant emotion (such as anger and aggression) model maladaptive ways of coping with stress. These negative reactions reduce a child's ability to learn cope constructively with problems. Intense maternal emotional responses to daily stress may be too arousing for children who then cannot cope with their own negative emotions such as frustration and anxiety (Valiente et al. 2004:98,103). Many studies have shown the relationship between negative parental feelings and harsh parenting practices, and negative parental emotional and behavioural reactions and exacerbation of children's difficulties (Maniadaki et al. 2005:258).

Maternal disappointment, because a child does not meet her preconceived expectations, undermines the mother-child relationship. Disappointment in a child's school performance (when school performance is highly valued) may be overtly expressed or implied through behaviour. Expressions of disappointment can result in withdrawn, anxious or depressed behaviours in the child, because they imply conditional acceptance and increase feelings of guilt. Intense feelings of guilt in a child may lead to compliance, but are detrimental to positive, resilient psychosocial development.

iv. Maternal performance pressure

Some mothers may place such value on achievement that they are unable to accept their children's learning difficulties. Even though they provide tremendous supports for learning, their children may experience unrelenting pressure to excel which leads to high levels of anxiety and other stress related symptoms because they can never measure up to expectations (Gilbert in Luthar 2003:1583, Wiener 2003:79).

Over-scheduling of extracurricular activities, including learning support and remedial therapies, can have a detrimental effect on a child's psychosocial development. Mothers who place disproportionate emphasis on activities that are considered to be educational unwittingly contribute to stress and anxiety in their children (Luthar 2003:1582,1583).

Feeling obliged to engage in academic activity represents a maladaptive form of regulation that is manifested in a lack of persistence, low achievement and a significant dose of negative affect. Emphasis on performing well, being competitive, making as few mistakes as possible, constantly considering and evaluating performance against other's expectations is detrimental to learning. This attitude fosters anxiety, reduces help-seeking behaviour and cooperation and decreases interest (Sideridis 2006:16).

v. Negative attributions and explanatory style

Explanatory style refers to how a person explains the causes of events that happen to them (Petersen & Steen 2005:244). Explanatory style is not an isolated belief but rather part of a complex knowledge system that influences wellbeing in numerous ways. It is transmitted to children by modelling (Seligman in Petersen 2000:52). Children are attuned to the ways in which their parents interpret the world and they may in turn interpret their environments in a similar

manner (Petersen and Steen 2005:249). If explanations for failure or difficulties given to children lead them to believe that the problems they face are stable (going to last forever), internal (their fault) and global (affects everything in their lives), they may become helpless, passive and depressed (Seligman in Roberts, Brown Johnson & Reinke 2000:47, 2005:664).

Children, whose mothers have a pessimistic explanatory style about learning difficulties, tend to work below their potential in the classroom perhaps because they have internalised this outlook. For example, criticism of a child's behaviour can contribute to pessimism in a child if the mother attributes the behaviour to carelessness which is an internal, stable and global explanation (Petersen et al. 2005:249). This is relevant when a mother reviews a child's work and focuses on mistakes. One can hypothesise that learning disability definitions given to mothers based on the medical model lend themselves to an attributional style that is stable, global and internal. By not exploring the social context of learning problems and relevant protective factors, mothers and children faced with a learning disability diagnosis may become depressed and feel helpless.

Unrealistically optimistic explanatory styles can also contribute to maladjustment and problems in the classroom. Optimism as wishful thinking can prevent children from making realistic plans about how to achieve goals (Oettingen in Petersen 2000:50). If mothers are unrealistic, and refuse to acknowledge their children's learning difficulties because they believe it is wrong to be pessimistic, they may channel their children's efforts into unattainable goals. Constant striving for academic success can take a toll on a child who faces an objective limit to what can be attained regardless of how hard he or she works. Children can become exhausted, ill and demoralised. (Petersen 2000:51).

3.6.3 Maternal attitudes and behaviours as protective factors

i. Fostering a warm caring relationship

The most important protective resource for resilient development is a strong relationship with a competent, caring, compassionate adult. (Thompson 2006:74; Margalit 2003: 84; Petersen 2000:50). A mother is instrumental in fostering a secure, warm, caring relationship with her child and this forms the foundation for resilience development in the face of risk. All interactions and behaviours unfold within this relationship and as such secure attachment comprises an important protective factor (Al-Yagon 2003:319, 332). Children who are securely attached to their mothers have better social and emotional outcomes than children with insecure attachments. They are less likely to develop internal maladjustment such as high level of loneliness, anxiety, shyness, or

external maladjustment such as aggression and anti-social behaviours. These are important considerations given that children with learning difficulties are at increased risk for these problems as outlined in Chapter 2.

ii. Acceptance

Acceptance as a parenting behaviour refers to an approach characterised by interactional warmth and responsiveness. This includes acceptance of children's feelings and behaviours, active listening, praise, use of reflective thinking, and emotional and behavioural involvement in children's lives and activities (Wood et al. 2003:134). A mother's unconditional acceptance of her child with his or learning disability will help the child to understand, come to terms with and accept the difficulties. Research shows that individuals who accept their learning disability are more able to set realistic goals and have a stronger self-efficacy toward goal attainment. Self-understanding enables adolescents to assess their cognitive strengths and weaknesses and advocate for themselves for their own advantage (Wong 2003:70). Positive emotions stemming from acceptance broaden a person's cognitive and behavioural repertoire in response to challenges (Fredrickson in Petersen 2000:49). Sharp et al. (2006:206) emphasise that the ability of a mother to accurately recognise and acknowledge what is going on in her child's mind (her child's attribution of meaning) plays a significant role in the child's socio-emotional development.

iii. Maternal emotional support and encouragement

Sustained emotional support for children with a learning disability is a protective factor because it enables these children to maintain a healthy global self-concept (Cosden et al. in Wong 2003:70). Mothers can have a significant impact on helping their learning disabled children build their self-concept by providing positive feedback concerning areas of strength (Gans et al. 2003:293). It is interesting that Werner and Smith (in Wong 2003:71) found that gender impacts on risk and protective factors and that maternal emotional support was found to be a significant protective factor for males with a learning disability in their research.

Maternal emotional support has many dimensions. For example, it emerges in expressions of appropriate concern without catastrophising the problem. Sorenson et al. (2003:20) indicate that psychosocial adjustment improves when children believe their parents understand their learning disability and the challenges they face at school. Maternal encouragement and support contributes to the development of resilience by diminishing children's fear of failure. This enables children to

take risks to discover their real interests and talents and build strengths. Optimism is fostered and nurtured through a series of confidence-building experiences (Roberts et al. 2005:249).

Encouragement to approach tasks out of interest and a desire to learn yields more effective outcomes than approaching a task to demonstrate competence over others (Sideridis 2006:4). Mothers who encourage and reinforce a child's coping efforts rather than just successful outcomes may promote more adaptive development in the presence of risk factors. In order to increase motivation, the focus should be on positive feedback, autonomy, understanding learning material, cooperation and participation, high interest activities and reinforcement for effort and seeking help (Sideridis 2006:16). It is significant that learners who are motivated by multiple goals are likely to achieve more.

iv. Positive explanatory style

Mothers have a strong influence on the level of optimism in their children because children often imitate their mother's explanatory style (Seligman, Reivich, Jaycox & Gilham in Roberts et al. 2005:665). Optimism is more than a cognitive characteristic as it has emotional and motivational components. Optimism implies positive expectation of future outcomes and is linked to active and effective coping, happiness, perseverance, achievement and health (Carver & Scheier 2005:236-241). It is interesting that some contemporary research shows that psychologically healthy people have a positive outlook that often denies reality (Petersen 2000:45-49). In other words people see themselves in the best possible light. However, learning to be optimistic should not erode judgement.

It appears that one of the most significant contributions a mother can make is to teach a child with a learning disability that academic failure is not a stable trait. Fostering attributions for school difficulty that imply that the difficulties may recede with time and that the child can influence the outcome helps the child raise expectations and be more optimistic about future academic achievement. This helps them to persist and not give up (Turner, Husman & Schallert 2002:80). A mother's realistic, but positive explanatory style, which reframes a child's problem as only a small part of whom he or she is, allows the child to search for and build strengths

v. Expression of positive emotion

The emotional climate of the family and parents' expression of emotion in particular can be viewed as having an important impact on a child's coping (Valiente, Fabes, Eisenberg & Spinrad

2004:97). Children exposed to positive expressivity (praise, gratitude, admiration) observe their mothers managing stress and conflict in positive ways.

Mothers who are prepared to talk about emotions when their children are upset foster their children's emotional understanding and regulatory skills. Maternal acceptance of and support for these sometimes overwhelming emotions are linked to successful coping.

Valiente et al. (2004:98; 104) found that a mother's expression of negative submissive emotion (sulking, sympathy, sorrow, crying) is *mildly* associated with children's declining constructive coping as stress increases. However, if it is associated with support, it may also have the effect of encouraging children to experience negative emotions in a safe environment. In this way they learn to manage these emotions and behave appropriately at times of stress (Valiente, Fabes, Eisenberg & Spinrad 2004:98;104).

vi. Effective limits and appropriate autonomy

Effective limit setting is associated with greater academic competence (Mattanah 2001:355). However, optimal parenting involves not only warmth and appropriate control over misbehaviour but also the need to encourage the child's independent actions and thought. Becoming an autonomous self is a major task of childhood and involves the ability to act independently and to think independently. Promoting autonomy in children is associated with greater academic competence and self-esteem (Mattanah 2001:373). Mothers face the difficult task of providing appropriate opportunities that allow their children to have some control over their activities while still offering support and guidance (Petersen & Steen 2005:249).

vii. Effective maternal coping skills

Family factors that buffer children from stressful events include a self-confident mother (Thompson 2006:72). Self-confidence and self-efficacy are usually related. A self-confident mother is likely to select more effective coping strategies which may contribute to low-anxious rearing practices. Coping with the multiple demands associated with nurturing a child with learning difficulties involves flexible goal orientation, perseverance and obtaining help when necessary.

viii. Providing appropriate help and assistance

Mothers need to take into account children's perceptions of their competence in deciding how best to be involved. The question of what they can do to aid children who have negative beliefs about their academic ability is a critical one (Pomerantz et al. 2006:109). Becoming involved in children's homework may be a first step toward protecting children from such risks as negative emotions. However, *how* mothers become involved is of significance. The extent to which mothers promote mastery appears to be important. For example, showing methods not answers, and focussing on the fascinating exploration of a topic, not on performance in a test. Researchers explored four components of mastery orientation which seemed to benefit the emotional development of children with learning difficulties as well as facilitating learning. These are: helping children to understand how to approach their work, encouraging children to figure problems out on their own, focussing children on the importance of effort and fostering the joys of a challenge. (Pomerantz et al. 2006:111). Feedback stressing effort enhances children's perceptions of their competence.

Mothers need to accept and recognise the social difficulties their learning disabled children have. They need to foster an understanding of how their children's behaviour contributes to their social difficulties. Children with learning difficulties need adult assistance and support in developing effective strategies in response to rejection by peers (Mishna 2003:342,343). Mothers can facilitate healthy peer relationships at home.

ix. Creating opportunities for success

Parents play a significant role in shaping children's perceptions of their competence. Children need help in realising their potential (Mahoney 2005:761). Thompson (2006:82) suggests that parents should communicate a 'resiliency attitude' to their children by constantly telling them that what is right with them is more powerful than anything that is wrong with them. Extramural leisure pursuits and social activities provide opportunities for children with learning difficulties to explore 'what is right with them'. Mothers should promote and support involvement in a wide variety of extramural activities to nurture self-efficacy and improve self-esteem in their children with learning disabilities especially during high school years (Dole in Margalit 2003:84; Pomerantz et al. 2006:100). Surmountable challenges support the development of perseverance (Petersen 2000:51).

x. Fostering hope

Failure at school is often associated with feelings of shame. Mothers can promote resilience in the face of shame by fostering hope. Hope involves expectancy and positive expectations can be self-fulfilling (Petersen 2000:51). Hopeful thought reflects the belief that one can find pathways or workable solutions to problems and become motivated to use those pathways (Snyder, Rand & Sigmon. 2005:257). Turner, Husman and Schallert (2002:87) emphasise the powerful incentive that long term future goals can have with respect to promoting academic resilience particularly in the threat of failure and ensuing shame reactions. Snyder et al. (2005:259) stress that the acquisition of goal-directed, hopeful thought is absolutely crucial for the child's survival and thriving and is associated with academic achievement. It is theorised that hope is inculcated in children through interaction with significant others. Mothers can be instrumental in teaching hopeful thinking, by modelling hopeful thinking, looking for alternative strategies when pursuing goals, remaining flexible in the face of problems and reminding children of positive future expectations. Low anxiety is associated with high hope. Maternal personality traits and behaviours that promote a sense of hope and positive goal orientation will impact positively on the adaptive psychological functioning of their children (Kashdan et al. 2002:442). Margalit (2003:85) makes the significant assumption that a global measure of resilience in children with learning difficulties is their investment of effort and persistence in goal attainment.

3.7 Conclusion

This chapter supported the notion that having a learning disability is a risk factor for adaptive, optimum, psychosocial development. However, having a learning disability does not necessarily predict future outcomes. It is the combination of other risk and protective factors in the child's personal, family and social background that determines resilient or non-resilient outcomes. This chapter examined resilience processes with special emphasis on the role of the mother-child relationship as a risk or protective factor in the development of resilience in a learning disabled child.

The study of resilience in development has contributed to a paradigm shift in understanding and helping children at risk (Masten 2005:85). This is apparent when assessment of behaviour includes a focus on strengths and how these strengths can be used to ameliorate problems and promote positive adaptation. Masten (2005:85) states that the "most striking conclusion arising from all the research on resilience in development is that the extraordinary resilience and recovery power of

children arises from ordinary processes” within the child and from their relationships in the family and community.

CHAPTER 4

RESEARCH DESIGN

4.1 Introduction

The previous two chapters presented a review of literature relevant to this study. Chapter 2 explored debates concerning the term learning disability and the implications of having a learning disability on the emotional and social development of a child. The chapter also reviewed what mothers go through when their child is diagnosed with a learning disability or presents with academic difficulties and failure at school. Chapter 3 explored the complex and intriguing construct of resilience, with reference to how it can be defined and what may contribute to its development in children with learning disabilities. The chapter examined how the mother-child relationship may be a risk or protective factor in the development of resilience in children with learning disabilities. This chapter outlines the theoretical paradigm behind the research design as well as the methodology selected for this study.

A research project is a process of discovery that is guided by the research problem and the adopted epistemological framework. This study is qualitative and uses phenomenology, hermeneutics and existentialism as complementary philosophical approaches to provide focus and direction to the inquiry. This orientation is aligned with the tenets of post modernism and constructivism. In this chapter the selected sampling, data collection and data analysis methods are explained in detail. Trustworthiness and ethical concerns are addressed.

4.2 The research problem

Learning disabilities are a risk factor for psychosocial adjustment and resilient adult outcomes. There are many reasons for this, not least of which is the emergence of social-emotional problems associated with repeated academic failure. Wong (2003:70) and Wiener (2004:25) suggest that further research is necessary to enhance the status of parental emotional support as a protective factor for individuals with learning disabilities. As this is a dissertation of limited scope, the focus is on the mother-child relationship.

My research project proposes that the mother-child relationship can be a risk or protective factor for children with learning difficulties. Therefore the main research problem (see 1.2.4) is:

What is the influence of the mother-child relationship on the development of resilience in the learning disabled child?

I posed the following sub-questions in order to answer the above problem question:

How is a learning disability a risk factor for the positive, psychosocial development of a child?

What maternal emotions, attitudes, behaviours and parenting practices emerge in response to the complex needs of a child with a learning disability?

What is resilience and what factors facilitate or hinder its development in children with learning disabilities?

Can the dimensions of the mother-child relationship be analysed as risk or protective factors for the child with learning disabilities?

The research question and sub-questions gave rise to the following aim and objectives.

4.3 Objectives of the research

The general aim of my study is to examine the influence of the mother-child relationship on the development of resilience in the child with learning disabilities (see 1.3.2). The specific objectives are:

- to analyse concepts of learning disability and resilience and examine current debates in these fields of research.
- to explore and analyse, with a group of purposefully chosen mothers, which of their own coping behaviours and other dimensions of the mother-child relationship facilitates or inhibits the development of resilience in their learning disabled children.

I decided to meet these objectives through a qualitative study.

4.4 Qualitative paradigm

Qualitative inquiry covers a variety of diverse research methods and approaches that examine phenomena from a subjective and contextually bound perspective and can be viewed as a

systematic approach to describing and understanding attitudes, opinions and beliefs (Choudhuri, Glauser & Peregoy 2004:443). This method of inquiry acknowledges the complexity, ambiguity and dynamism of human experience and places the participant as the 'experiencer' in the position of expert, focussing on the personal interpretations and meanings given to experiences (Wilding & Whiteford 2005:98-99).

Qualitative research uses inductive reasoning to explore a particular subject area with the view of finding and examining patterns that emerge from the data collected. It therefore tends to be non-standardised. Rather than believing it possible to be neutral and objective, qualitative researchers may be explicit about personal perspectives, values, opinions and beliefs (Harry; Peshkin in Brantlinger 2004:5).

4.5 Theoretical and philosophical perspectives

The process of gathering, interpreting and understanding data in a qualitative inquiry is influenced by the theoretical and philosophical framework adopted by the researcher (Denzin & Lincoln in Wilding & Whiteford 2005:100). As this is a dissertation of limited scope the theoretical and philosophical influences are only discussed briefly.

4.5.1 Post modernism and constructivism

A research project of this nature using cooperative exploration of an area of interest, as happens in the focus group discussion, emerges from a constructivist and post-modern tradition. Credibility is given to the participants' subjective knowledge and experience of the world.

Post-modernism values personal perceptions of reality and seeks to expand an understanding of the variation in human experience (Higgs & Smith 2000:144). Constructivism views reality as that which is created by individuals based on their perceptions of the world. These philosophies support the hermeneutic phenomenological paradigm of this study as outlined below.

4.5.2 Phenomenology, hermeneutics and existentialism

Todres and Wheeler (2001:8) assert that phenomenology, hermeneutics and existentialism are complementary philosophies that can be used together to inform and guide qualitative research. These researchers maintain that phenomenology *grounds* research inquiries in the lived experiences of participants; hermeneutics adds *reflexivity* to broaden understanding within

particular personal and cultural contexts and existentialism *humanises* the research. A brief overview of each of these philosophies is discussed below.

4.5.2.1 Phenomenology

Phenomenology is an extremely complex philosophy that is often used to underpin contemporary qualitative research (Fleming, Gaidys & Robb in Dowling 2007:138). As a methodological approach phenomenology is continuously undergoing transformation. The word phenomenon comes from the Greek word *phaenesthai* which means ‘to flare up’, ‘to show itself’, or ‘to appear’ (Moustakas in Dowling 2007:132). This study is guided by Heidegger’s phenomenology which supports the interpretation of lived experience.

4.5.2.2 Hermeneutics

Hermeneutics is the practice of interpretation (Higgs & Smith 2000:129-130). Heidegger proposed that consciousness is not separate from the world of human existence and that lived experience is an interpretive process (Todres et al. 2001:5). Of importance to this study is that Heidegger believed that meaning in people’s lives is given by the context of the world in which they live, and that the ordinariness of a phenomenon must be looked at with critical eyes and embraced with a sense of wonder (Heidegger in Wilding & Whiteford 2005:100). The examination of the ‘ordinary’ processes in our lives is aligned with the search for resilience in children (Masten & Reed 2005:85).

4.5.2.3 Existentialism

Phenomenology gave rise to existentialism which is considered to be one of the most influential philosophical movements of the 20th century (Delius, Gatzemeier, Sertcan & Wunscher 2005: 99). Heidegger is one of the first philosophers to combine existential matters with phenomenology, by focussing on the relatedness of humans and their world or ‘being in the world’ (Dowling 2007:135, Todres et al. 2001:5).

4.5.2.4 Impact on my research

The form of phenomenology based on the work of philosopher Heidegger, which incorporates hermeneutics and existentialism, is the most consistent with the premise of this research project – that the nuances of everyday life and every day doing are important (Wilding & Whiteford 2005:99). Chapter 3 emphasises that “resilience does not come from rare and special qualities but

from the everyday magic of ordinary, normative human resources in minds, brains and bodies” (Deveson 2003:38). The philosophies briefly discussed above influence this research in the following ways:

i. Grounding

This is a phenomenological principle. I was interested in discovering what aspects of the mother-child relationship (beliefs, behaviours and interactions) develop in response to coping with a learning disabled child and clarifying how these concrete, lived experiences may contribute to the development of resilience in the child. Exploring complex and subtle phenomena is achieved if one can examine the concrete experiences that give them their substance (Todres et al. 2001:9). My aim is to help readers feel more in touch with the real lives of mothers of children with learning difficulties.

ii. Reflexivity

This hermeneutic principle promotes reflexivity by both the participants and the researcher. For example, in this study the cultural influences that are relevant to the participants’ lives are examined. My own beliefs, experiences and attitudes are discussed in terms of how this may influence my interpretations.

iii. Humanisation

Humanisation is an existentialist principle. This study aims to capture the unique experience of the mother-child relationship. I use descriptive language to examine how the mother-child relationship evolves in terms of feelings and interpersonal interactions over time.

4.6 Sampling and selection

Sampling is the strategy used to select research participants. Qualitative research uses a ‘purposive’ sampling strategy in order to provide the greatest insight into the research question (Devers & Frankel 2000:264). The number of participants in a qualitative study is usually small because the aim is to gain an in-depth, holistic perspective of the participant’s experiences. Generalisability is not a concern. I used the following principles to guide my selection of participants:

- individuals who are considered to be ‘information rich’ cases should be selected

- participants should be willing and able to discuss their unique experiences with their child in a group setting
- the participants should come from the same cultural background in order to create a homogeneous group to promote equal participation
- participation is voluntary but participants should commit to being involved for the duration of the research.

Five mothers of children with learning difficulties were included in this study. The children were considered as having a learning difficulty based on their referral for evaluation and remedial support from the learner support team at a school rather than on a specific psychometric definition of learning disability. As discussed in Chapter 2, the 'learning disability' label is controversial. Sorensen et al.. (2003:11) maintain that "a learning problem emerges when there is a lack of fit between the child's complement of skills and environmental demands ... in this model referral for evaluation is considered the empirical marker for this lack of fit". In my study, I selected children who have had remedial assistance for three or more years as having significant cognitive deficits and learning difficulties.

4.7 Research method

My research method includes activities that have been selected in order to provide the best means to explore the research problem. I applied Parker's (2004:97) statement that the best research "entails an innovation not only with respect to the topic but also with respect to the methodology that will be appropriate to address it".

My research method is guided by the theoretical paradigms discussed above and it can be seen as a process of discovery for both myself as the researcher and the participants. Two methods of inquiry were used: focus group discussions and semi-structured interviews. Broadly the research process followed the group work processes of awareness, exploration and personalisation. Elements of the research method which I used are discussed below.

4.7.1 Research instrument

In a qualitative research study, the research instrument is the researcher who acts as a participant-observer (Farber 2006: 368). This means that I interacted with the participants, developed a relationship with them and became involved with the personal accounts of their experiences. My

values, biases, fears, beliefs and knowledge as researcher had a significant impact on the research process and needs to be acknowledged and accounted for. I reflected on and described my “hunches, intuitions, hopes and assumptions about the nature of human beings” (Parker 2004:97). In this study, I facilitated the focus group discussions and carried out the individual interviews as discussed below.

4.7.2 Focus group discussions

Broddy (2005:211) defines a focus group discussion as a group of people brought together to participate in the in-depth examination and exploration of an area of interest. As such, participation in my study included sharing experiences, attitudes, opinions and beliefs, debating issues, asking each other questions, and exploring each others point of view. The result was a discussion that had broad depth and breadth and exposed some of the complexities and ambiguities of the topic.

Selected individuals participated in two focus group discussions. The first aimed to create awareness of the relevance of the mother-child relationship in coping with a child with learning difficulties by discussing how the mother responded to the discovery of her child’s academic struggles. This included everything she thought, felt and did, and how the mother-child relationship evolved. The second focus group discussion aimed to explore the concept of resilience and how the mother-child relationship may or may not have contributed to the development of resilience in a learning disabled child. In both focus group discussions participants and I worked together to reach a shared understanding as suggested by Fleming, Gaidys and Robb (2002:117).

4.7.3 Semi-structured interviews

Qualitative interviews are usually semi-structured and orientated towards the needs of the interviewee. What is relevant to this study is that individual interviews provided an opportunity for an intimate, open discussion (Whitely & Crawford 2005:112) and personal reflection. The aims of the individual interview were:

- to determine if they felt the exploration of the mother-child relationship and resilience is relevant to their own experiences
- to examine what insights they have about their own relationship with their child
- to explore what they thought of their experience in the focus group discussions

The interview also provided an opportunity for me, the researcher, to present the analysis and some interpretations of data collected at the focus group discussions for the individual participants to comment on. This feedback was one method of triangulation that contributed to making the research trustworthy and authentic. The second method of triangulation was to request feedback from my supervisor concerning the interpretation of data.

4.7.4 Group work processes

Group work can be explained as a method of participatory intervention (Rooth in Department of Educational Studies 2002: 35). The primary aim of group work is the development of knowledge, understanding and acceptance of self (Fein in Department of Educational Studies 2002: 36). However, as a research method it provides an opportunity for me as the researcher to observe participants co-constructing meaning. Participants may feel empowered because their experiences were considered valuable to the others in the group and to me (Shamai 2003:456).

Of relevance to this research, was the developmental dimension of group work (Department of Educational Studies 2002: 43). This developmental dimension provided a strategic framework for exploring the research problem in order to construct a 'thick description' of the phenomena under investigation. The research process allowed participants to move through the following three stages:

i. Awareness phase

Awareness is the origin of all cognitive development (Department of Educational Studies 2002: 43). Cognitive development is more powerfully attained if participants discover concepts for themselves and take ownership of learning. The first focus group discussion incorporated this awareness phase. Participants discovered through interaction with each other, the complexity of the mother-child relationship and how it evolved in response to coping with a child with learning difficulties.

ii. Exploration phase

This phase entails gaining knowledge and insight (Department of Educational Studies 2002:44). The second focus group discussion aimed to explore the concept resilience and how the mother-child relationship may or may not contribute to the development of resilience in a learning disabled child. The discussion was informed by the information presented in the literature study

(Chapters 2 and 3), but it was not given directly to the participants. Instead, I, as the facilitator, guided and accompanied the participants on their discovery.

iii. Personalisation phase

Personalisation is an idiographic process of applying new insights and knowledge to personal circumstances. Personalisation involves self-evaluation and is done privately by each participant (Department of Educational Studies 2002:45). The individual interview is used to determine if participants feel the exploration of the mother-child relationship is relevant to their own experiences and whether it contributes to, or undermines the development of resilience in their child.

4.7.5 Data collection

Data was gathered from the focus group discussions and the individual interviews. Sessions were recorded and transcribed to generate raw data. My observations were also recorded. The purpose of observations was to collect less visible data such as body language in the group discussions and to record my own reactions, thoughts and feelings in response to the discussions (Farber 2006:372).

4.7.6 Data analysis and presentation

Thematic analysis is a method for identifying, analysing and reporting patterns or themes within data. It is an accessible, flexible, foundational method for qualitative analysis that is not aligned to any particular theoretical framework, but can provide rich, detailed, complex account of data (Braun and Clarke 2006:78-79, 81). These authors present the following guidelines which have been adopted for my research. It should be noted that thematic analysis is a recursive process and involves extensive rereading and recoding of the data set (Braun & Clarke 2006: 86).

Phase 1: I familiarised myself with the data

- Transcription to an appropriate level of detail, though time consuming, offered unrivalled opportunity to become familiar with the data
- I read and re read the data, noting down initial responses

Phase 2: I generated initial codes

- I coded interesting features of the data in a systematic fashion across the entire data set
- I collated data relevant to each code

Phase 3: I searched for themes by:

- collating codes into potential themes and
- gathering all data relevant to each potential theme

Phase 4: I reviewed the themes

- I checked if the themes worked in relation to the coded extracts (phase 1) and the entire data set (phase 2)
- I generated a thematic map of the analysis

Phase 5: I named themes by:

- an ongoing analysis to refine the specifics of each theme

Phase 6: I produced the report as:

- the final opportunity for analysis
- a selection of vivid, compelling extracts to support the prevalence of each theme

According to Braun and Clarke (2006: 96), thematic analysis implies that the coding process is thorough, inclusive and comprehensive to avoid an anecdotal report based on too few themes generated from too few examples. Finally, these researchers stress that I as the researcher had to be an active, involved participant in the analysis process. Themes do not just “emerge” (Braun et al. 2006: 96).

4.8 Trustworthiness and ethical behaviour

Reliability, validity and ethical considerations are essential elements of quantitative research. In qualitative research they are linked and intertwined. They can all be considered dimensions of ‘trustworthiness’ (Choudhuri et al. 2004:445, Fleming, Gaidys & Robb 2003:119).

I applied the proposal by Choudhuri et al. (2004:445) that reliability, which implies dependability, can be conveyed to readers by explicit articulation of each stage of the research process (see Section 4.7). Validity in qualitative research is built on clear explanations of how themes and concepts, discovered from the thorough analysis of the data, accurately capture and reflect on the experiences of the participants. Clayton and Thorne (in Fleming et al. 2003:119) consider credibility and confirmability to be important components of trustworthiness. In my study credibility was established by ensuring that the perspectives of the participants were clearly and

authentically represented. Credibility and confirmability were dealt with in the interview when participants were asked to comment on interpretations of the two focus group discussions.

As mentioned in Chapter 1, Shank and Vilella (2004:48) use the metaphor of a lantern to describe qualitative research. The lantern illuminates areas of darkness so we can see things that were previously hidden. I too, as a qualitative researcher, tried to understand things better and used methods that allowed me to “get light into dark corners” (Shank & Vilella 2004:48). Like Parker (2004:97-98), Shank and Vilella (2004:49) call for new evaluative criteria because they believe that the traditional assessment of reliability and validity is no longer applicable to qualitative research. I used the following criteria which they proposed:

1. investigative depth – does the research uncover something new about the subject and do the observations contribute something new about the area in question?
2. interpretive adequacy – does the research provide a rich, more complex understanding of the subject?
3. illuminative fertility – does the research paint a new, subtle and nuanced picture of what may have once been a familiar topic in order to influence change practice?
4. participatory accountability – has the researcher operated in an ethical manner towards the research participants?

Qualitative research requires a high level of reflection and accountability (Shank & Vilella 2004:51). Ethical considerations are an important element of this accountability. The ethical code of professional conduct (The Professional Board for Psychology, Health Professions Council of South Africa 1999:38) states that “psychologists shall conduct research competently and with due concern for the dignity and welfare of the participants”. The principles of informed consent, confidentiality, anonymity and minimising invasiveness ensure the dignity of the participants (De Vos, Strydom, Poggenpoel, Schurink & Schurink 2001:25,306). In my research, volunteers were informed about the nature of the research by letter and by telephone. The research process was discussed with each volunteer and they were asked if they felt comfortable sharing their experiences with a group. Their contributions were valued and respected. The identity of the participants is not revealed in the report.

Finally, in order to meet the requirements of scientific research, this study addresses the following criteria, identified by Rom Harre (in Parker 2004:99), in the research design:

1. Reflexivity

Participants and the researcher are given an opportunity to reflect on their participation during the interviews.

2. Meaning

In the group work process participants are involved in the discovery and understanding of the meaning of their experience.

3. Specificity

The results of this qualitative research study cannot be extrapolated to populations. The limits of what can be learned from the research are specified in chapter 6.

4.9 Summary

This chapter discussed the research process. The theoretical foundation was presented as well as a detailed explanation of how the research problem was investigated. A structured approach to data analysis (thematic analysis) was provided. Finally, the means of ensuring trustworthiness were explored. The following chapter presents the data that I collected, analysed and interpreted, and discusses my findings.

CHAPTER 5

DATA ANALYSIS AND DISCUSSION OF RESULTS

5.1 Introduction

The previous chapter presented the research design in detail. This chapter reflects on the stages in the research process, examines the findings and presents some elements of discussion.

The aim of the empirical research was to explore the experiences of a group of mothers, selected by ‘purposive’ sampling, with regard to their coping behaviours and other dimensions of the mother-child relationship which facilitate or inhibit the development of resilience in their learning disabled children. This involved examining maternal emotions, attitudes and parenting practices that emerge when a child is diagnosed with a learning disability and analysing the risk and protective factors inherent in the evolving mother-child relationship.

I used two qualitative methods of inquiry: focus group discussions and semi-structured interviews. I analysed the verbatim transcriptions, as well as observational notes by using thematic analysis to identify themes that captured the mothers’ perceptions and perspectives. The discussion that follows reflects the exploratory nature of this study.

5.2 Reflections on the empirical research

5.2.1 Participants

5.2.1.1 Selection

I included five mothers of children with learning difficulties in my study. They were considered to be ‘information rich’ cases and volunteered to discuss their experiences of their children in a group setting (see 4.6). Throughout the research process the complexity, ambiguity and dynamism of their experience were acknowledged by focussing on their personal insights and interpretations of phenomena.

5.2.1.2 Cultural influences

In a study of this nature, it is relevant to examine and reflect on the cultural influences in the participants’ lives (see 4.5.2). The five mothers come from an affluent background, are well educated and well read. Their children attend an exclusive private school. It is often presumed that such children would be at low risk due to their privileged circumstances (Masten & Reid 2005:

84). However, these mothers function in an environment where competitiveness and success is expected and encouraged, and their children may be pushed beyond their capabilities (Luthar 2003:1581; Shaw 2002:201).

5.2.1.3 Participant details and observation notes

Table 5.1 summarises relevant participant details and presents key observations of the mothers' affective states and behaviour during the research process.

Table 5.1 Participant details and observations

| Mother | Occupation | Child with learning disability | Observation notes |
|--------|------------------------------|--|---|
| 1 | Part-time remedial therapist | -son (16 years old) presented with perceptual difficulties in Grade 0. -intensive remedial assistance throughout primary school as well as occupational therapy, speech therapy and physiotherapy -currently significant ongoing academic problems and socialisation difficulties at high school | -very anxious -very involved in process -very open about own distress -cried at times -expressed very high expectations of own role |
| 2 | Housewife | -both daughter (13 years old) and son (10 years old) diagnosed with a specific learning disability in Grade 2. -both attended occupational therapy and speech therapy until Grade 4 -currently both have intensive daily remedial support at school and at home and are coping academically. | -very structured, organised -meticulous note taking -perfectionist manner -involved in discussion but reluctant to talk about own distress -lends positive dimension to experiences -expressed very high expectations of self and children |
| 3 | Housewife | -only child, daughter (13 years old), presented with perceptual, concentration and socialisation difficulties in Grade 0. -daughter had intensive multidisciplinary support throughout primary school -currently no learning support and struggling to adjust to high school academic demands | -passionate, articulate, impulsive, moody -very involved in process -dominant at times -expresses distress, guilt, uncertainty, despair -at times shows anger towards self and child |
| 4 | Part-time artist | -son (23 years old) and daughter (10 years old) presented with learning problems in Grade 1. -son had intensive multidisciplinary support at home and school, but did not complete formal education. -currently daughter has occupational therapy and remedial assistance at school. | -loving, warm, compassionate -gentle manner; soft spoken -concerned about other mothers -cried when talking about her son -critical of self |

Table 5.1 (continued)

| Mother | Occupation | Child with learning disability | Observation notes |
|---------------|-------------------|--|---|
| 5 | Housewife | -daughter (12 years old) presented with significant reading difficulties in Grade 2 and was diagnosed with dyslexia. -currently daughter has as remedial support at school and follows a commercial reading programme for dyslexia at home. | -calm, guarded -cautiously involved in group process -reluctant to discuss experiences unless making positive or humorous comments -gives impression of control and managing problem but often self-depreciating -expresses strong acceptance of daughter |

I observed that the mothers' strong feelings of sadness and distress were offset by curative moments of humour which released tension, revealed uncertainty in a non- threatening way and allowed them to express sharing and understanding (Lessing 2001:5).

5.2.2 Empirical investigation

5.2.2.1 Focus group discussions

The two focus group discussions (see 4.7.2) lasted for approximately two and a half hours respectively. The second discussion took place three weeks after the first. Three mothers knew each other through contact at school, but two other mothers had not met anyone else before. Nevertheless, the group became cohesive during the first morning as they shared their experiences. During the focus group discussion the mothers revealed their serious dedication, support, concern for and involvement with their children in spite of their outspoken reservations about reflecting on their own behaviour and evaluating themselves in front of others.

5.2.2.2 Semi-structured interviews

One individual, semi-structured interview was undertaken with each participant in her home two to three weeks after the focus group discussions (see 4.7.3). Each interview lasted approximately an hour. Preliminary findings from the focus group discussions were presented to the mothers for comment. Deep, personal exploration of ideas raised in the group discussions was facilitated by the confidential atmosphere of the interview. The findings from the semi-structured interview are presented in 5.3.3.

5.2.3 Data set and data analysis

5.2.3.1 Transcriptions

The empirical investigation involved a cooperative exploration of the research question and sub-questions (see 1.3.2). The focus group discussions and individual interviews were taped (see 4.7) and verbatim transcriptions were produced. Each session and interview produced a data set that was analysed according to the stages of thematic analysis (see 4.7.6).

5.2.3.2 Coding

Transcripts from each focus group session and each interview were read and interesting features of the data were coded in a systematic fashion using coloured pens. Thereafter, the data were collated by cutting and pasting relevant extracts from the transcripts under each code. When coding I used a theoretical approach (Braun & Clarke 2006: 82-84). This means that I was guided by the research question and the literature review when I coded the transcriptions. For example, I actively searched for how dimensions of the mother-child relationship were realised out across the data set.

5.2.3.3 Thematic analysis

The coded data were then analysed according to themes following the method outlined in 4.7.6. Thematic analysis is an active task of identifying patterns or themes, creating links based on an understanding of the research question, selecting which are of interest and reporting them in a comprehensive manner (Taylor & Ussher in Braun & Clarke 2006:80). A theme is not necessarily the most prevalent response; rather it captures an important element about the data in relation to the research question. Researcher judgement is necessary to determine a theme (Braun & Clarke 2006:82). However, two methods of triangulation were used to ensure credibility and reduce subjectivity. Firstly, analysis and interpretations of the data were presented to the participants during the semi-structured interviews for their comment (see 4.7.3). Secondly, my supervisor reviewed the interpretation of data as a means of providing ‘peer consensus’. Triangulation supported the “intrinsic complexity of the data” (Parker 2004:100).

As this is a dissertation of limited scope, the descriptive analysis is given in this chapter and the interpretive analysis is done in Chapter 6. Description of data refers to organising patterns in verbal and non-verbal language whereas interpretation of data attempts to evaluate the significance and implications of the patterns (Braun & Clarke 2006: 84). In this report credibility is given to

the participants' subjective understanding and experience, thus significant, direct extracts are presented.

5.2.4 The researcher's role and perspectives

During the focus group discussions and the interviews my role was to facilitate an exploration of the topic (see 4.7.1.). The main activities in this role included creating a non-judgemental climate and listening to, and reflecting on, the participants' thoughts and feelings. In addition, I collated the participants' ideas on paper which I pinned up to assist with clarifying and summarising their experiences. Although guided by the focus group 'topic', I was non-intrusive and I allowed the discussion to unfold according to the issues raised by the mothers. Once I had transcribed the tapes I became involved in reading the transcriptions with a view to noting and discovering issues of interest and patterns of meaning (see 4.7.6.). This was an elaborate, recursive process (Braun & Clarke 2006:86) of going back over the data set many times. By following a theoretical approach (as discussed in 5.2.3.2), I chose to engage extensively with the literature before the focus group discussions in order to enhance my analysis and sensitise myself to more subtle features of the data (Tuckett in Braun & Clarke 2006:86). In my discussion of findings I chose vivid extracts to illustrate the themes I had selected. I made a conscious decision that I wanted to create the opportunity for the mothers' voices to be heard.

My values, biases, fears, beliefs and knowledge had a significant impact on the research process and my interpretations of data and they should be acknowledged and accounted for (Todres et al. 2001:3, Harry in Brantlinger 2004:5, Peshkin in Brantlinger 2004:5). Firstly, I have a son with learning difficulties and I have shared experiences similar to those of the research participants. I too have been plagued with uncertainty and anxiety at times as I have tried to balance the demands of the school with my own search for appropriate intervention. Secondly, I have taught for many years and have trained as an educational psychologist. This has created an awareness of the impact of the many complex relational systems (such as school, family, peer group, individual) on the developing child (Roets 2002:14,42,44). Thirdly, I have always nurtured a 'macro' perspective. The resilience model has an intuitive appeal to me and I support the tenet of positive psychology proposed by Seligman (2005:3) who states that "the building of strength is the most potent weapon in the arsenal of therapy".

These experiences, paradigms and beliefs guide my interaction with my own children and those with whom I work. I believe that children's strengths are more significant than what is wrong with

them (Thompson 2006:82) and that children are much more than the difficulties they have at school. Finding these ‘exceptions’ is essential so that strengths can be enhanced. However, I am aware that these views are not necessarily shared by other mothers in similar circumstances.

5.2.5 Observational and field notes

Throughout the focus group discussions and interviews, observations were carried out and field notes were written to provide more detail on the context in which statements were made. Observation and the subsequent field notes were integrated with the transcripts to enrich the data sets for analysis. Observations of the participants are presented in 5.2.1.2 and are also included in the analysis of the data in section 5.3.

5.3 Themes and discussions

The themes are presented according to the analysis of the data sets obtained in the group work phases of awareness, exploration and personalisation (see 4.7.4; 4.7.6). The discussions follow the presentation of themes. Where appropriate, I further segmented the themes into sub- themes.

5.3.1 Awareness phase – first focus group discussion

5.3.1.1 Main theme and sub-themes

Data generated during this phase related to how these mothers responded to the discovery of their child’s academic struggles. The main theme was ‘process of adaptation’. This was divided into sub-themes: ‘discovery’, ‘investigation’, ‘defence’, ‘negative emotions’, ‘change’ and are presented in Figure 5.1. It became apparent that the participants’ responses in the awareness phase reflect an evolving process, involving a “sophisticated repertoire” (Edward & Warelow 2005:101) of coping skills. This appears to be an iterative process of adaptation.

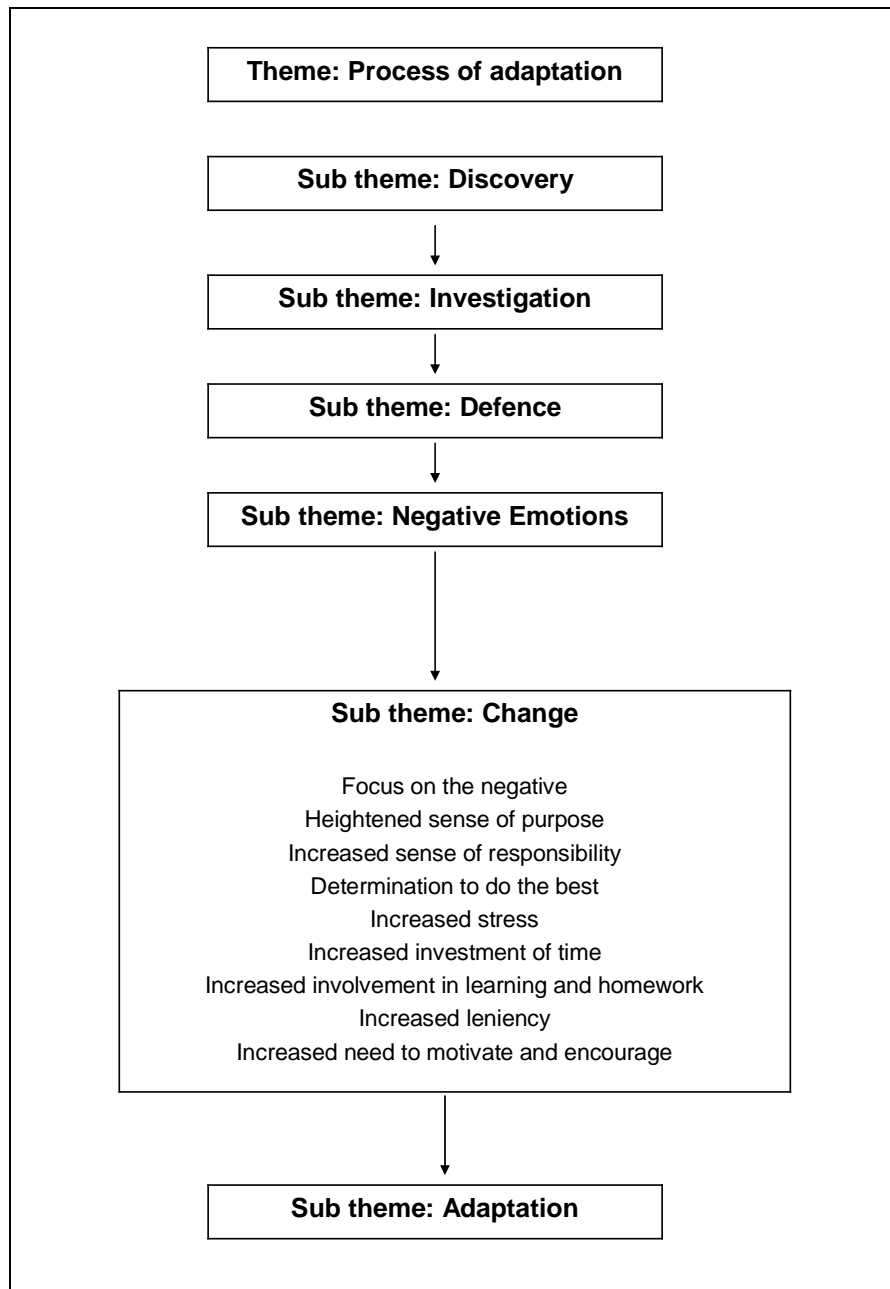


Figure 5.1 Thematic map of themes identified in the awareness phase

The following is a discussion of the sub-themes identified in this awareness phase as presented in Figure 5.1 above.

i. Sub theme: Discovery

The mothers' initial discovery that their children had significant learning difficulties at school was accompanied by the intense emotions. The mothers expressed feelings of intense personal distress as illustrated in the following direct quotations:

Hurt: “The hardest time is when teachers bring things into your life and they just say such hard things like my child is a remedial school candidate and you just think but he is not - I’m not qualified but I know he is not - or they say things that are so hard and they hurt so badly and you are not sure.”

Distress: “I remember having to speak to a headmaster and my husband said “Please, don’t cry. Please, we are going to have a normal conversation.” But I tell you I sat down in the chair and I could feel the tears welling up. It was dreadful and he just opened his mouth and here I was reduced to this total mess. I will never forget it.”

Overwhelmed: “When they phoned about my second child, I thought we just can’t go through this again; because it’s this balancing act between being a mum and always trying to fix things at school.”

Interestingly in the following quotation the mother felt that she was not distressed by the teachers’ feedback, confirming significant individual variances in emotional reactions. This may be related to her disposition or her perception that the problem was manageable (see 2.4.6).

Confidence: “I don’t think I was affected at all by what teachers said. I think I just went by a mother’s intuition and I didn’t stress and only did what I wanted to do.”

ii. Sub-theme: Investigation

Most mothers became involved in a process of investigating the problem. Many received information from teachers and this precipitated an uneasy and distressing period of school-parent interactions. Mothers also came into contact with other professionals, such as, occupational therapists, educational psychologists, remedial teachers and speech therapists. The assessment process was considered to be especially stressful. They perceived the information given as pessimistic. The mothers struggled to reconcile the alternative picture of their children as presented to them by the therapists with their own, more positive perceptions of their children (see 2.4.5). These relationships were often fraught with mistrust and anger as expressed in the quotes below.

Mistrust: “We all believe in our children when they are born, but professionals’ attitudes are scary; they are looking for problems not looking for positives.”

“I walked out of there feeling that’s not my child - you can see it in the test, but that is not the child I see at home and I know the potential that is in there.”

Anger: “I felt of all things I felt incredible anger – my children can do so many other positive things. Why didn’t that come out in the assessment? Why is the assessment such a negative thing? Why was there no positive?”

iii. Sub-theme: Defence

I was intrigued that the mothers appeared to want to defend their children against a perceived potential threat by resisting negative information given to them. This is supported by Masten and Reid (2005:79) who say that effective parents elect to become a buffer to reduce the impact of a particular threat. They use the analogy of an airbag in a motorcar. It therefore appears to be a significant protective process for children. In this instance the threat is exacerbated by the mothers' perception that there is an imbalance of power between them and professionals.

Defiant: "I think that initially I was determined to like contradict what they thought – I thought I'll prove you all wrong."

Protective: "What I had to say meant nothing to them and I just wanted to hide my son from their scrutiny so that he would not become demoralised or worse that I would then be influenced by their negativity."

"My feelings came from those tests because they limited him so much. I remember them (sic) saying he will never learn to write and I said, "Based on what?" And they said, "Based on the tests. His scores are too low." I felt very alone and wanted to protect my son from such a negative outlook."

iv. Sub-theme: Negative emotions

As the mothers started to address their children's learning problems, they were often plagued with feelings of guilt, worry, uncertainty, isolation and other negative emotions (see 2.4.2). The mothers acknowledged that these feelings wax and wane in response to the successes and failures of their children.

Frustration: "I mean I get tears in my eyes now just thinking about it because you just get to that stage where you - you know it wasn't even disappointment. It was irritation that we had to go through this - that life could not be normal - you know that it was a huge issue constantly at school."

Worry: "I mean I was so, so, so worried. Worried."

Self-doubt: "And feeling, oh, where have I gone wrong? I walk around thinking I have done something wrong even if it is just genetics."

Fearful: "I have this fear of failure really – maybe I think it's a fear of failure for them."

Uncertainty: "There is always this debate – am I doing the right thing with my child? Where am I going with this? What decisions are going to be correct? What are the impacts going to be?"

Anxiety: "There are moments of extreme anxiety. I see the school number come up on my phone and I think, Ah, flip! Now what? Please, now what?"

Withdrawn: “I think negatively for myself I became and still am quite insular – other people’s reactions actually frighten me because people haven’t got the knowledge of where these kids are coming from.”

Isolated: “Other mothers negate my daughter’s struggles and I can’t discuss her with them.”

v. Sub-theme: Change

Of relevance to this dissertation of limited scope is how the mother-child relationship was changed by, and continues to evolve in response to, these experiences. Table 5.2 summarises the changes to the mother-child relationship as experienced by the participants.

Table 5.2 Summary of change experienced by mothers

| | |
|-----------------------------------|---|
| Focus on the negative | <p>“It changed my relationship with him because you stop looking at the positive and start looking at the negative; even though you know your child is not a bunch of files and problems.”</p> <p>“It did affect us both hugely - my relationship with him - when he was little – there was so much focus on what was wrong with him.”</p> <p>“Nothing was the same again once I realised how much he was struggling and how many problems he had.”</p> |
| Heightened sense of purpose | <p>“I was on a mission that I would fix it.”</p> <p>“I wanted to prove that if I worked hard at helping him things would get better – I wanted to fix things before it was too late.”</p> <p>“So I said fine we can have the therapy but I will be there to support you - right behind you. I’ll help you. I’ll give you the skills. This is how you are going to learn and I will organise extra lessons at home and I will help you every step of the way and put systems in place.</p> <p>“I read everything I could get my hands on to find answers.”</p> |
| Increased sense of responsibility | <p>“As a mum you have to take responsibility for helping your child when they have problems.”</p> <p>“I couldn’t rely on anyone else – I was the one who had to sort it out – at the end of the day, this is my responsibility.”</p> <p>“There is a part of me that says that is what being a mum is all about - you just have got to do things to help them along. If it’s not mum, who will it be?”</p> <p>“I often hear myself think: if not me, then who is going to do it?”</p> <p>“I just knew this is my role and ultimately I am responsible for helping them.”</p> |
| Determination to do the best | <p>“I was determined not to be a parent like I was parented. I thought: my mum was never there for me so I will be there for them.”</p> <p>“I think guilt is a horrible thing – I will always think on my tombstone it will say: “She didn’t feel guilty. She did her best”. You know. Maybe it’s wrong in some areas but at least you feel you tried your damndest - that at least I cared - you can’t take that away from me.”</p> |

Table 5.2 (continued)

| | |
|--|--|
| Increased stress | <p>“That fight against their disability, or their inability to do something, is actually what makes it worse on a day to day basis.”</p> <p>“To constantly try to fit him with my expectations is really stressful – especially academic expectations.”</p> <p>“Here I’ve done so much therapy, so much stuff to put him on the road and he’s kind of on a shaky road. I think he will get there in the end but I do stress about his self- esteem. I am always worried about how much intervention is really necessary or if I have done enough”.</p> <p>“All those afternoons driving to therapies were so stressful.”</p> <p>“Anxiety grows when you hear he needs therapy. I don’t have the skills to see if it is helping but you just have to trust and hope that it is, but it is very hard not to worry all the time.”</p> |
| Increased investment of time | <p>“I was always with him. It’s just that time, that one-to-one time. I think it makes a big difference.”</p> <p>“How I spend my day is determined by her activities and all the extra lessons she needs and help with homework afterwards – it’s a huge amount of time.”</p> <p>“I would say that I have allocated a lot of extra one-to-one time to help my daughter.”</p> <p>“Yes. Oh, yes. I think I stopped my life. I really do - even now. I don’t think I am busier. I just stopped my life to spend more time helping him.”</p> <p>“In the term I totally devote my time to what they need to get through school demands.”</p> <p>“I kind of know this is a twelve-year investment of my time, you know, and I am not sorry. Academics at this stage of the game still matters to me. I hate to confess it. It does still matter to me - and so I have to put in extra time.”</p> |
| Increased involvement in learning and homework | <p>“I have always structured his learning. Being over-involved is hugely valid in my life because I was a ‘helicopter mum’ before he turned me into a ‘turbo helicopter mum’.”</p> <p>“I definitely get involved with her learning every day of the term.”</p> <p>“I must just remember homework from a very young age became a terrible issue in our home.”</p> <p>“It spoiled our relationship that homework – it was an absolute nightmare because I used to sit there and watch him so anxious - and he used to feel this horrible dragon hovering nearby breathing down his back.”</p> <p>“I know it is damaging to a relationship if you’re continually hammering homework. By the time you get to matric, you’ve actually destroyed the relationship, but it has to be done to get them through school.”</p> |

Table 5.2 (continued)

| | |
|--|---|
| Increased leniency | <p>“I think that before I had him assessed and I realised there were issues I treated him more normally. I became more soft after that, but abnormally so.”</p> <p>“I think my empathy with her is actually almost unnecessary. I think I am actually too damn soft and I need to toughen up with her and push her along a bit.”</p> <p>“Even today I treat him differently. I treated him in a better way before, I was harder on him. Now I think I analyse why he doesn’t do it. I know that isn’t right. Before I treated him like a normal kid now I think I tell him a lot how good he is, how he is capable. Actually I shouldn’t. He should have this inherently in him.”</p> <p>I feel I need to be more lenient or else he will never cope</p> <p>“Being more lenient is not the worst thing I have done – it shows I understand her problems.”</p> |
| Increased need to motivate and encourage | <p>“I just knew that they couldn’t lie down and die. Maybe I didn’t explain it in those words but I just said to both of them, ‘Just keep on trying’.”</p> <p>“We decided that we were just going to support her and be with her and love her. I knew I couldn’t be the therapist but I could motivate her to never give up.”</p> <p>“I have to respond to the child that he is - you can’t change him. Our children are so individual and you have to nurture and encourage that individuality in every child.”</p> <p>“I am always having to encourage her when she is down about school and put things in a positive light”</p> |

vi. Sub-theme: Adaptation

As the discussion progressed the mothers appeared determined to move from a more negative to a more positive mood. They motivated each other to overcome their fears and anxieties and focus on positive aspects of their children’s lives and find benefits in their experiences. Adaptation can be characterised by expressions of acceptance, a positive future orientation, and benefit finding. It can be viewed as a goal that not all the mothers have reached.

Perspective: “The system says fix them early before it’s too late and reality says they take their own time. They may never be fixed according to the system. What you realise in the end is that children are not fixable and that what they are, is good enough.”

Belief: “I just believe he will have a positive future and I know it is important to have this huge belief in him.”

Benefit finding: “I think I’ve got rewards from it – we are very close.”

Focus on positive: “I just thought I can do this. I can fix his auditory memory. I can fix whatever. So I think initially I was quite focussed – I can do this - until I realised actually this is my boy. He is more than the sum of his perceptual problems and I try now to look at the whole child and find value in him as he is.”

It was clear to me that the process of adaptation (the main theme of the awareness phase; see 5.3.1.1 and Figure 5.1 Thematic map of themes identified in the awareness phase) had been experienced by the participants from various angles. The discovery of the learning problem in their child, the investigation into the problem, their defence against the issue and related negative emotions forced them to change and adapt to deal with their child’s learning problem. Significant elements of this process are discussed in the next section below.

5.3.1.2 Discussion of the awareness phase

The first focus group discussion was the awareness phase of the group work process. The aim was to create an awareness of the relevance of the mother-child relationship in coping with a child with learning difficulties. The discussion therefore allowed the mothers to share with each other everything they had thought, felt and done when confronted with their problem.

The following perspectives were of significant interest to me as a researcher:

The awareness phase was longer than anticipated. The mothers appeared eager to express and elaborate on their unique understandings, positions and perspectives. It seems that their experiences were a key factor in the mother-child relationship as they laid the foundation for a pattern of interpreting and coping with their child’s difficulties at school in an optimistic or pessimistic manner (Petersen 2000: 46).

It is plausible to view the mothers’ responses as an iterative process from discovery to adjustment. This is not a surprising finding (see 2.4.). However, what is significant is that the stage where the mother is in the process of adapting to her child’s struggles appears to have a direct impact on the mother-child relationship. It determines how she responds to the needs of her child, how she copes with the demands imposed by the school and how she interacts with her child on a day-to-day basis.

The main theme (process of adaptation) supports the notion of multifinality (Wood et al. 2003:135) as each stage may have opportunities for both fostering and hindering resilience development in children (see 3.6.1). For example, a mother’s need to resist negative

interpretations of a child can be viewed as denial or naiveté which may limit appropriate problem solving. Alternatively, it may mean that she becomes an appropriate buffer which contributes positively to the development of resilience in her child (Masten and Reid 2005: 79) (see theme 3: defence). Similarly, being lenient may inhibit resilience development because it implies the mother does not believe the child is capable. Alternatively, it may foster resilience development by conveying to the child that the mother understands and accounts for his or her learning difficulties (see sub-theme: change: increased leniency). Bonanno (2004:20) confirms that there are many pathways to resilience and sometimes these pathways are unexpected.

5.3.2 Exploration phase – second focus group discussion

5.3.2.1 Themes and sub-themes

Data generated during this phase relates to the exploration of the mother-child relationship and whether the mothers think they foster or inhibit resilience development in their children with learning difficulties. This was a crucial phase in the research process. In this data set four themes were identified: ‘the mother child relationship’, ‘risk factors’, ‘protective factors’ and ‘resilient or non-resilient children’. It was important to segment theme 2 (risk factors) and theme 3 (protective factors) into sub-themes: ‘mother’s affect’, ‘mother’s behaviour’ and ‘mother’s cognition’. This helped to identify and analyse the specific dimensions of the mother-child relationship that may foster or inhibit resilience development. The themes identified from the exploration phase are presented in the thematic map Figure 5.2 on the next page.

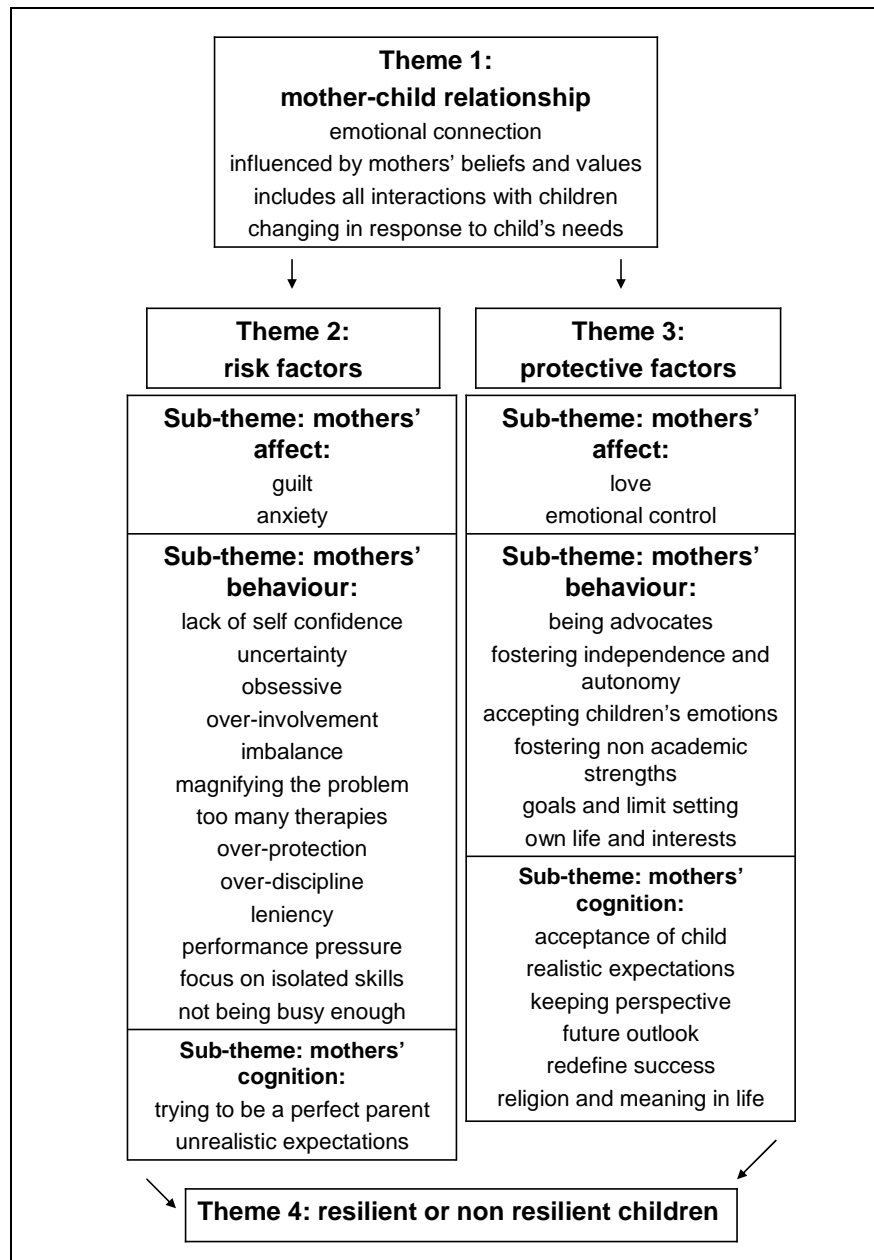


Figure 5.2 Thematic map of themes identified in the exploration phase

In the following sections, Figure 5.2 (above) is discussed in detail. Rich quotations are given and links to the literature are established.

i. Theme 1: The mother-child relationship

During the focus group discussion the mothers co-constructed what the mother-child relationship means to them. Presenting their own interpretation of the mother-child relationship is aligned with the hermeneutic phenomenological principles of this study. Their shared understanding of the mother-child relationship is illustrated by direct quotations from the transcripts.

The mother-child relationship is:

an emotional connection

“Whatever I do is due to the love I feel for my child”; “You can’t get away from the fact that being a mother involves such a strong emotional bond from the minute they are born”; “The relationship is based on an intense emotional connection”.

influenced by their own beliefs and values

“I am determined not to parent like my mother did”; “I felt this is my role. It is what I am supposed to be doing”.

made up of all the interactions with their children

“Being a mother is often just organising and doing many, many ordinary tasks everyday for your child”; “It’s the angry times and frustrating times, not only good times that make the relationship”.

always changing in response to their children’s needs

“If he is happy and coping I am relaxed but if he is unhappy, I get stressed and actually it should be the other way round. I should be calm when he gets stressed so I can help him work things out”; “High school is going to be another huge hurdle for me because she will need me in different ways”.

The above implies the participants’ understanding of the complex, evolving nature of the mother-child relationship. This understanding laid the foundation for analysing and evaluating specific dimensions of the mother-child relationship in terms of their fostering or impeding the development of resilience in a learning disabled child. Dimensions of the mother-child relationship were explored as either risk or protective factors. The mothers’ perceptions are presented below.

ii. Theme 2: Risk factors

The mother-child relationship contributes to the development of resilience in multiple ways. As mentioned, the risk factors discussed in Section 3.6.2 of the literature review do not comprise an exhaustive list. Nevertheless, where factors identified by mothers corroborate with, or are similar to those distilled from the literature review, references are given.

The tables below (Table 5.3 Sub-theme: Mother’s affect (emotions; moods), Table 5.4 Sub-theme: Mother’s behaviour (observable, action, interaction), Table 5.5 Sub-theme: Mother’s cognition

(ideas, opinions, judgements, values)) summarise the sub-themes and present the risk factors which these participants believe are associated with non-resilient outcomes in their children. I have elected to analyse the data set in terms of the mothers' affect, behaviour and cognitions. Selected extracts from the data are presented to illustrate the themes.

Table 5.3 Risk factors: Sub-theme: Mothers' affect (emotions; moods)

| | |
|---|---|
| Guilt Smith 2004:2,7 | <p>"I feel even if I carry these genes, it's my fault so how can I make it better. So I am always trying to fix things for her."</p> <p>"I often I feel I am not doing a good enough job especially when I talk to teachers and the psychologist."</p> |
| Anxiety Al-Yagon 2004:14 Thompson 2006:55 Eisen et al. 2004:91 Ginsberg et al. 2004:35 | <p>"I have a fear of him experiencing either failure or experiencing what I experienced so I am always checking up on him."</p> <p>"It makes your whole life be driven by fear. I think the fear that you don't want to repeat the same mistakes with the next child."</p> <p>"I panic because I don't want her to fail and so I guess this makes me tense."</p> <p>"I just fall apart when he is really unhappy and get so worried."</p> <p>"My own anxiety changes everything for her."</p> |

Table 5.4 Risk factors: Sub-theme: Mothers' behaviour (observable, action, interaction)

| | |
|--|---|
| Lack of self-confidence Lok & McMahon 2006: 477,485,486 Thompson 2006:72 | <p>"I think a lot of it is your own fears and your own level of confidence because it absolutely shatters you so you are not assertive or proactive."</p> <p>"I was really immature and did not actually have enough confidence in myself to say no I will actually do what I believe in."</p> |
| Uncertainty Smith 2004:1 | <p>"There always has to be that balance and I don't know where that balance is. You think you know what to do. You want to make a wise decision but you don't know what that wise decision is. The stress is you can never turn back the clock and try it a different way."</p> <p>"When you have a different kid that doesn't follow the rules, you don't know what to do."</p> <p>"I think we lack a real understanding as to what is really wrong with our children and so sometimes you can actually just see the intervention is almost totally inappropriate but you cover all the bases and spend all that money and time just in case."</p> |
| Over-involvement Spekman et al. 1993:64 Wood et al. 2003:135 | <p>"In the northern suburbs I think the moms have got more time to ponder what they have done wrong or what they can do. Before we know it the child has a new diet, a new set of friends, hours of help with homework, is in three different therapies."</p> <p>"I think we become so over-involved and worried."</p> |
| Obsessive Eisen et al. 2004:91 Wood et al. 2003:147 [Please continue with corrections ...] | <p>"I think we can get like northern suburb moms where we become obsessive in how we plan their lives and worry about them."</p> <p>"Sometimes I think I have obsessive compulsive parenting disorder."</p> <p>"I think there is a point where you over obsess about your children and they pick it up. They pick up your obsession very easily."</p> |

Table 5.4 (continued)

| | |
|---|--|
| Imbalance Eisen et al. 2004:91 Wood et al. 2003:147 Lovenfosse & Viney 1999:432 Lardieri et al. 2000:106 | <p>“Mothers are so stressed and so worried and want to intervene and because there is so much intervention the family can really just crumble. It’s very, very hard because it changes that whole balance of how time is spent.”</p> <p>“I kept thinking now my child needs all this help there must be something really wrong - what on earth have I done wrong - suddenly I went from balanced to imbalanced.”</p> |
| Magnifying the problem Costa et al. 2006:114 Wood et al. 2003:135 | <p>“Children realise that they have got a problem that they are different when the mother magnifies the problem in their own mind and in the child’s mind.”</p> <p>“Mothers panic and blow things out of proportion.”</p> |
| Too many therapies | <p>“I think the minute my son was aware that I am schlepping him off to the neurologists and psychologists, to this lesson and that lesson, and to OT - every afternoon we’ve got to do a big schlep – then he thought: There is something wrong with me. All of a sudden there is something wrong with me.”</p> |
| Overprotection Wood et al. 2003:147 Essau & Petermann 2001:117 Lardieri et al. 2000:106 | <p>“You want to protect your child by not talking about it so that other people don’t think she is somehow abnormal.”</p> <p>“None of us want our children to struggle to be hungry and be unhappy and so maybe we protect them so much that they are not going to develop resilience and you get these molly coddled individuals that can’t cope.”</p> |
| Excessive discipline | <p>“There was a teaching in my church at that stage that was very huge in my twenties – spare the rod and spoil the child which affected me very badly. I thought I had to smack him if he didn’t do his homework.”</p> <p>“I became more sergeant-like. I was going to put structure in her life. I was not going to be this mother who was going to be walked all over. Here was the instruction - do it!”</p> |
| Leniency Wood et al. 2003:147 Essau & Petermann 2001:117 | <p>“I think I give her more leeway which is wrong because I am clearly saying you are not capable.”</p> <p>“I thought it (the label) was an excuse for tearful behaviour and not coping with things so I would always say: Oh, poor thing! It’s alright. You can have a good old cry and I became more lenient which was counter productive in some ways.”</p> |
| Performance pressure Gilbert in Luthar 2003:1583 Wiener 2003:79 | <p>“I acknowledge pressure is detrimental to children but I find it hard not to put pressure on him and can’t seem to take the pressure off.”</p> <p>“It is hard to take the pressure off because you want your child to do well and be at the same level as her friends.”</p> |
| Focus on isolated skills Reid & Valle 2004:470 | <p>“If I look at how I spend my day, I spend so much time looking at the isolated skills he is battling with instead of looking at the whole child.”</p> <p>“I feel obliged to micro-analyse his difficulties.”</p> |
| Not being busy enough | <p>“I think if I had other things to keep me busy I would spend less time worrying about my daughter.”</p> <p>“This is my role, my work, but I think it must be so hard to be worried about all the time.”</p> |

Table 5.5 Risk factors: Sub-theme: Mothers' cognition (ideas, opinions, judgements, values)

| | |
|--|--|
| Trying to be a perfect parent | <p>"It becomes about ourselves rather than about our child – that we can prove to ourselves that we are the perfect parent."</p> <p>"I was so immature and wanting to be like a brilliant mother, I read every single book that I could put my hands on."</p> <p>"The other fear is that to be a good mother means I have to be involved all the time and make him successful - that is how I am a good mother."</p> |
| Unrealistic expectations Luthar 2003:1582 Oettingen in Petersen 2000:50 Petersen 2000:51 | <p>"Our society has become so perfectionist. If yours got 80 and mine only got 70, I'll feel mine hasn't actually made the grade."</p> <p>"It's bad to be a perfectionist with children. It is such conditional love - unless you get an A you are a nobody, and yet the schools push us into this way of thinking."</p> <p>"I expect my children to try their best all the time and learn from their mistakes so that they keep on improving. It's hard to let go of this expectation."</p> <p>"Academic success is still very important to me and I can't let go of it which makes it hard for him."</p> |

The sub-themes selected and presented in the tables above capture important potential risk factors in the mother-child relationship that appear to inhibit the development of resilience in a learning disabled child. These findings thus contribute, in part, to addressing the research question. The theme presented below presents positive dimensions of the mother-child relationship.

iii. Theme 3: Protective factors

The literature review presented protective factors inherent in the mother-child relationship (see 3.6.3) that appear to contribute to resilient outcomes in learning disabled children. The tables below (Table 5.6 Sub-theme: Mother's affect (emotions; moods), Table 5.7 Sub-theme: Mother's behaviour (observable, action, interaction), Table 5.8 Sub-theme: Mother's cognition (ideas, opinions, judgements, values)) summarise the sub-themes and present the protective factors which the participants believe are associated with resilient outcomes in their children. Again, I have elected to analyse the data set in terms of the mothers' affect, behaviour and cognitions. Selected extracts from the data are presented to illustrate the themes. Where factors, identified by these mothers, are supported in the literature, references are given.

Table 5.6 Protective factors: Sub-theme: Mothers' affect (emotions; moods)

| | |
|---|--|
| Love Thompson 2006:74 Margalit 2003:84 Petersen 2000:50 | <p>"I don't know, but if I love her she will be ok - at the end of it she will actually be fine."</p> <p>"Just concentrate on being positive and trying to support them. We can't change them. There is nothing we can do to change it. We just have to offer them love even though it does hurt and it's hard, often it's hard. They will be ok in the end if they are loved."</p> <p>"You have to manage this by loving them, by being that one supportive, loving person and giving them that one safe haven."</p> <p>"I know I need to show him I love him unconditionally."</p> |
| Emotional control Valiente et al. 2004:97 Thompson 2006:72 | <p>"Remember that you have gone through it. You have faced it, dealt with it, and so if the problems continue, it is not something you have to be scared of. Show him that."</p> <p>"It is so important that I don't let my daughter know I am afraid for her future."</p> <p>"I need to manage my own distress when she is so unhappy."</p> <p>"She is happiest when I am calm, calm, calm."</p> |

Table 5.7 Protective factors: Sub-theme: Mothers' behaviour (observable, action, interaction)

| | |
|--|--|
| Being advocates | <p>"We need to be advocates for our children and say: She can, she can, she can when the school says: She can't, she can't, she can't."</p> |
| Fostering independence and autonomy Mattanah 2001:373 | <p>"Instead of saying this is what we are going to do to help, ask her: How would you like to fix the problem? Put the ball in her court. You would be surprised what they come up with."</p> <p>"Somewhere along the line she has to be on her own."</p> <p>"If I build independence, then hopefully he will develop the resilience he needs."</p> <p>"Now she is older perhaps I should let her decide what is the best way to get help."</p> <p>"If I give him autonomy and show him I believe in him, he will feel more capable."</p> |
| Accepting children's emotions Wood et al. 2003:134 | <p>I think when I acknowledge her emotions it helps. If I say: It's ok to be sad if you got 10% for your maths but it doesn't change that we love you. It's ok to be excited today for this and to be heartbroken for something else.</p> <p>I say to her: But you are not supposed to be happy all the time and if you are unhappy, it will pass.</p> |
| Goals and limit setting Mattanah 2001:355 Snyder et al. 2005:259 Margalit 2003:85 | <p>"You still have to put demands on them because I think if you don't, they will be very uncertain about what to do and also it shows you believe they can achieve something."</p> <p>"You have to set goals so they know what to work towards."</p> <p>"I set limits so that he feels that he is in a safe, structured home."</p> <p>"I give them chores and responsibility at home. You know, it gives them confidence. It gives them a sense that they belong and are part of the family. I think it says I trust you to do something properly."</p> |
| Fostering non academic strengths Dole in Maraglit 2003:84 Pomerantz et al. 2006:100 Petersen 2000:51 Mahoney 2005:761 Masten and Reid 2005: 84 | <p>"The minute he found his niche, only then did my son blossom and it was not at school. I supported it completely but I wish I had found it sooner."</p> <p>"One thing I want to mention is to expand the world of your kids so that their life is not just school."</p> <p>"It was important that I helped my daughter find something she feels is important and that she can do well."</p> <p>"I truly believe that we've all got different gifts, that we've all got different talents. So we need to help our children find these talents and really play them up and help them in those areas more than others."</p> <p>"It is important to give them opportunities to prove that they are capable – like sport or hobbies because it helps them to look at the positives in their life."</p> <p>"Stop worrying about schoolwork, schoolwork, schoolwork! There is so much more to life and they need to find other ways to be successful even helping at home."</p> <p>"We cannot say based on that exam result, they will not achieve. We have to let them know that that exam result does not define them. In fact, no schoolwork defines them."</p> |

Table 5.7 (continued)

| | |
|-------------------------------|---|
| Own life and interests | <p>“I think more and more the answer is to keep yourself busy and have other interests so you can’t obsess about your child.”</p> <p>“I think the mums who have fulfilling careers, haven’t got these perfectionist standards for their children. They are too busy and I think busyness is important.”</p> |
|-------------------------------|---|

Table 5.8 Protective factors: Sub-theme: Mothers’ cognition (ideas, opinions, judgements, values)

| | |
|--|---|
| Acceptance of child Wood et al. 2003:134 | <p>“So then, as a mother, we really have to emphasise that they are perfectly normal, acceptable and it’s ok to be different.”</p> <p>“Maybe it is time to sit down and think about our kids and think about what they are good at and what we really like about them in spite of their problems.”</p> <p>“We have to accept them and let them know how wonderful they are even if school is tough.”</p> <p>“Our perceptions are often distorted and we need to change our view. I am learning to change my view of her and just accept her.”</p> |
| Realistic expectations Sorenson et al. 2003:20 | <p>“You have to be realistic in what goals you have for them – the learning problems may always be there.”</p> |
| Keeping perspective | <p>“Perspective, perspective, perspective! That is what will keep us all sane.”</p> <p>“When I see really disabled children, it is so humbling. I obsess about the most minute things in his life and yet at the end of the day I have a perfect child. “</p> <p>“I said: We are going to explore all the ways we can help you. We are not going to make a mountain out of this. This is not the end of the world - you just need a little bit of help in your maths.”</p> |
| Future outlook Petersen 2000:51 Snyder et al. 2005:257 Turner et al. 2002:87 Kashdan et al. 2002:442 Carver & Scheier 2005:236-241 | <p>“I do believe in him, but I know it will be hard for three more years but I think after that it will be ok.”</p> <p>“Resilience is not worrying about the little things. It’s knowing that the big picture is going to be ok – that the future is going to be ok.”</p> <p>“Resilience isn’t not having pain. You still have got every flipping emotion that everybody else has got, but the difference is you believe your child is going to cope at the end of the day and you constantly tell them that.”</p> <p>“I try to reassure him that I trust that he is going to get there; that his time will come and that his future is bright.”</p> <p>“I keep the big picture in mind – that I want them to grow up to be wonderful adults that contribute to society and fulfilling lives and completeness.”</p> <p>“It gave us a bigger picture than just our problems. There was a more positive outlook. There was something coming.”</p> |
| Redefine success Sideridis 2006:4,16 | <p>“We have to keep asking ourselves: what is success because to me, it is not good marks. To me it means have you managed to do all your work to the best of your ability, have you studied to your best ability.”</p> <p>“To me success is balance and to me it is love: do you have people around you who care for you and do you care for others? That is what I tell my daughter.”</p> <p>“I think success is having people who love you and being able to love others and finding ways to help others.”</p> |
| Religion and meaning in life | <p>“I think religion also plays a big part because you can tell your child that they are unique and that God has made him special.”</p> <p>“I could not have got through this without my faith.”</p> <p>“I tell her it is important to be meaningful to other people – to reach out to someone. Somehow I try to instil the value that she is not alone in the world and will find meaning in life through reaching out to others.”</p> <p>“I think that if you can ingrain in your child that they have a purpose in life and it might not be an academic purpose but they must find their unique purpose.”</p> |

The sub-themes selected and presented in the tables above capture important potential protective factors in the mother-child relationship that appear to foster the development of resilience in a learning disabled child. The difference between observable resilience and non-resilient characteristics are presented in the following section (iv).

iv. Theme 4: Resilient and non-resilient children

The mothers supported the notion that learning disabilities are a risk factor for psychosocial adjustment and resilient outcomes. During the discussion the mothers referred to children who appeared resilient and to those who appeared to be non-resilient children. Initially they focussed on observable behaviours, traits or characteristics of children rather than on resilience processes. From the transcripts I selected extracts and Table 5.9 illustrates these mothers' perceptions:

Table 5.9 Mothers' perception of resilient and non-resilient children

| Resilient children | Non-resilient children |
|---|--|
| <p>“bounce back”</p> <p>“happy, loving, compassionate”</p> <p>“have friends”</p> <p>“learn to cope more and more”</p> <p>“have learned about own strengths”</p> <p>“take responsibility”</p> <p>“work hard”</p> <p>“good organisational skills”</p> <p>“positive outlook”</p> <p>“lots of positive extra-mural experiences”</p> <p>“good sense of humour”</p> <p>“positive future vision”</p> | <p>“deflate”</p> <p>“unhappy”</p> <p>“no friends and social problems”</p> <p>“can't cope with failure”</p> <p>“don't want to go to school”</p> <p>“anxious or depressed”</p> <p>“unpredictable fluctuating moods”</p> <p>“gives up easily”</p> <p>“dependent”</p> <p>“lacks confidence”</p> <p>“withdraws from family”</p> <p>“future looks bleak to them”</p> |

Considering their own children, two mothers felt their children were not resilient, three mothers felt that their children only showed resilience at times. The participants observed non-resilient behaviours in their children when they (the mothers) were most stressed. Non-resilient behaviour was more evident during the term than during the holidays when everyone in the family was more relaxed. As the discussions evolved, the mothers explored how resilience, or the lack thereof, manifested in children with learning problems and how the mother role in the relationship fostered or hindered the development of resilience in their children. They examined resilience as a process

rather than as just characteristics in children and recognised that they could play a significant role in fostering resilience in their children.

5.3.2.2 Discussion of the exploration phase

The mothers were asked to reflect on their relationship with their child and explore their related perceptions, emotions and behaviour with a view to analysing whether dimensions of the relationship fostered or inhibited resilience in their children. A vast amount of data was collected during this phase supporting the fact that the mother-child relationship is extremely complex and therefore analysing dimensions of the mother-child relationship as risk or protective factors generates passionate debate.

The following perspectives were of significant interest to me as a researcher:

While the mothers were relaxed and comfortable when exploring how they perceive their relationship as contributing to the development of resilience in their children, they were much more cautious and reluctant to examine how they might have contributed to more negative outcomes. In part this may have been a reticence about self-disclosure of perceived faults in front of others. They often spoke in the third person and this may have been to avoid difficult self-reflection.

A comparison of the comments made by the mothers and the points espoused in the referenced literature indicated that factors in the mother-child relationship that appear to offer significant protection are love, appropriate goals and limit setting, fostering non-academic strengths, and a positive future outlook. Those that appear to pose the most risk are the mothers' anxiety and unrealistic expectations.

The literature review does not examine mother's guilt as an independent risk factor in much detail (see 2.4.2). However, I became increasingly aware of the perfectionist standards or ideals the mothers have set, not for their children (as the literature suggests in 3.6.2), but for themselves. For this reason guilt is a pervasive emotion for these mothers. Similarly, these mothers did not express negative affect, such as anger and disappointment, towards their children (as suggested in 3.6.2). Instead they expressed this about themselves.

Some mothers felt that not having their own careers and interests resulted in them spending too much time obsessing about their children. This was not found in the literature review, however

without their own goals to strive for they may focus on their children's goals, becoming over-involved and intrusive. Over-involvement and intrusiveness is considered in the literature to be detrimental to a child's psychosocial adjustment (see 3.6.2 ii).

I was surprised to find that all but one mother did not consider over-scheduling as a problem for their children. This appears aligned to the pervasive cultural belief that opportunities are positive (see 5.2.1). The mothers saw the organising and planning of their children's activities as stressful for themselves, but did not explore the significant implications of over-scheduling for their children. The over-regulation of the child's routines and activities was not identified as a risk factor by these mothers however it was suggested by Wood et al. (2003:135).

In the presence of threat, people intensify their belief system (Pargament & Mahoney 2005: 752). This was evident in these mothers who took considerable solace in their spiritual lives. To them faith offered an important source of strength for themselves and, in turn, for their children. To these mothers faith implied meaning in life. It ameliorated their day-to-day stress, and helped them to keep perspective and focus on long-term outcomes.

These mothers spontaneously identified, discussed and debated the above risk and protective factors by examining their experiences with their children with learning disabilities. Their discussions appeared to incorporate the principles of multifinality (see 3.6.1), equifinality (see 3.6.1) and interaction (see 3.3.1). Thus to them a single factor in the mother-child relationship can have a variety of outcomes or there may be multiple avenues to the same resilient outcome. Risk and protective factors interacted with each other so that multiple protective factors in the mother-child relationship acted in synergy and counteracted the effects of some risk factors. Due to the limits of this dissertation of limited scope, these principles were not investigated in detail.

5.3.3 Personalisation phase – individual interviews

5.3.3.1 Themes and sub-themes

Data generated during this phase related to how the mothers experienced participation in the focus group discussions, the relevance of resilience to their own lives and further self-reflection and insight. Four themes were identified from this data set: 'experience of participation', 'new knowledge', 'increased self-reflection', 'insight into own relationship with child' and are presented in Figure 5.3.

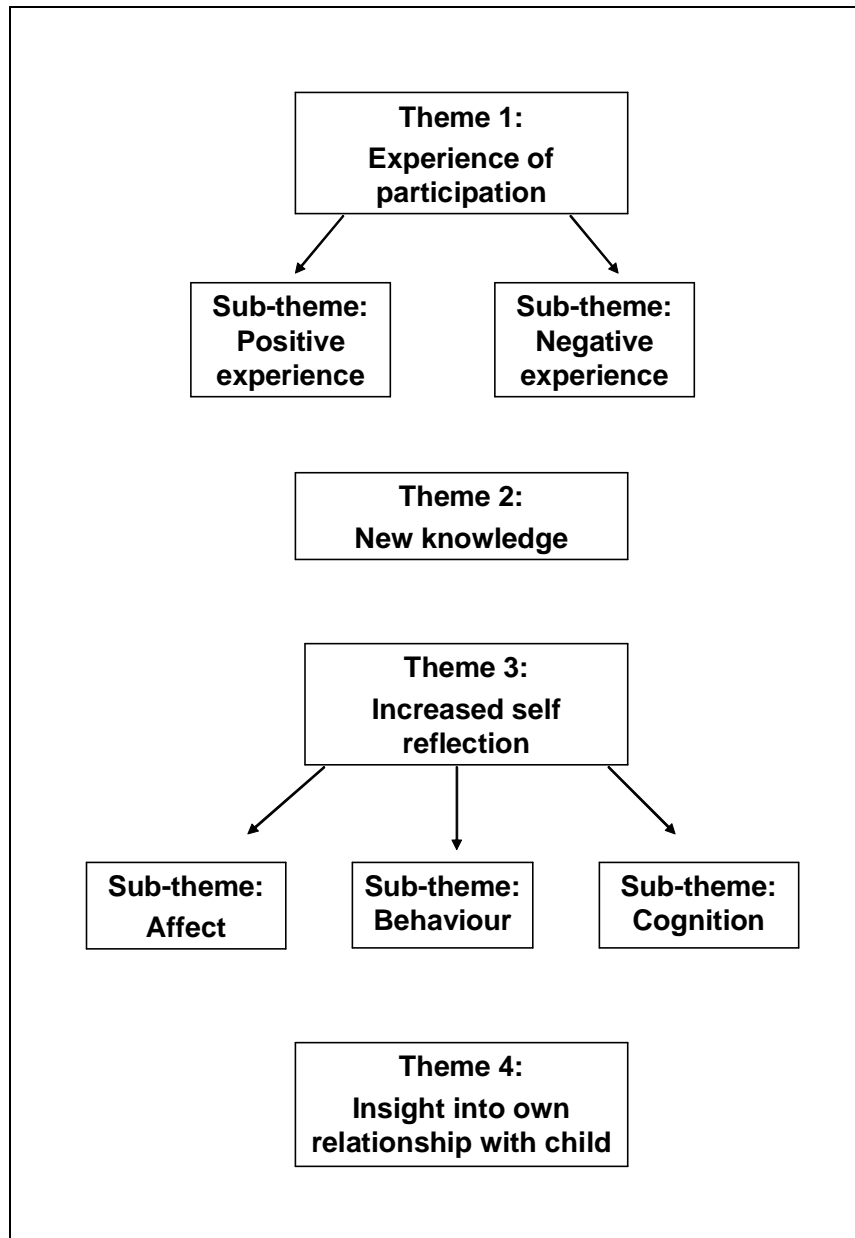


Figure 5.3 Thematic map of themes identified in the personalisation phase

In the following section each theme (from the thematic map above) is presented with salient direct quotes.

i. Theme: Experience of participation

Sub-theme: positive experience

The mothers appeared to benefit from the experience:

“I appreciated the other mothers’ honesty and soul searching”

“It was fantastic; I feel so much better having shared my experiences with the group”.

“I loved hearing what the other mothers were going through; it was encouraging not to feel so alone.”

“It confirmed to me that I was doing some things right.”

Sub-theme: negative experience

Self-reflection was not easy for the mothers and discussing their experience was painful.

“I felt some of the mothers were too intense and overreacted to their children’s problems”.

“At times I felt threatened and vulnerable because I should know what to do.”

“It was very painful discussing my experiences with my son.”

“At times I felt I was a complete failure.”

ii. Theme: New knowledge

New knowledge related mainly to learning about resilience and the role they can play in fostering resilience in their children. Focussing on resilience development was considered to be a positive dimension of parenting.

“It is really helpful to focus on developing resilience rather than just fixing problems.”

“I have learned so much and it has really made me re-evaluate my role.”

“It has made me see that I am part of a dynamic system of risk and protective factors and even if I don’t get it all right I can go a long way to making a difference in her life.”

“Developing resilience is relevant for all of our lives.”

iii. Theme: Increased self-reflection

In the interviews the mothers expressed that they had started to reflect on their maternal role and how they influence their child’s resilience development by what they think (cognition), feel (affect) and do (behaviour).

Sub-theme: Cognition

“I need to be more accepting of my own strengths and weaknesses but it is hard”.

“I mustn’t think of her disability as my failure but I often do.”

“I still agonise over all the mistakes I have made.”

“Thinking about how I might make my child less resilient is very difficult and painful because I feel so guilty”

Sub-theme: Affect

“I have a pervasive sense of guilt all of the time.”

“I recognise that I am not always positive and often feel overwhelmed.”

“I feel resentment towards mothers who have not had to deal with this.”

“I am not as intense as other mothers; I feel able to handle this.”

“I definitely need more emotional support for myself.”

Sub theme: Behaviour

“I really do believe in him but I do not always show him that I do.”

“I think it is important to have more fun together; I always take myself so seriously.”

“I react to others’ opinions too quickly and don’t work out for myself what I really want to do.”

“I am so caught up in this private school, affluent, competitive world we live in.”

“I know that it really helps them if I maintain an organised, structured home and family life.”

iv. Theme: Insight into own relationship with child

The mothers felt that they had gained an increased insight into their own relationship with their child and were able to make specific comments about what they had noticed and would like to change in order to foster resilience.

“My own emotions have everything to do with how I parent my son and I am making him anxious so I have to address that as a priority.”

“I realise now I am over-involved and I need to focus on other areas of my life.”

“I need to really listen to my daughter more to understand what this difficulty means to her.”

“I think I have tried to push other areas of success in an unrealistic way to compensate for his academic difficulties so I have still not got the balance right.”

5.3.3.2 Discussion of the personalisation phase

The mothers explored how they personally experienced the focus group discussions and evaluated the relevance of the resilience concept. They all expressed benefits from the process although three of the mothers still expressed deep distress over their children. They examined the preliminary analysis of the data from the focus group discussions and I discussed my preliminary interpretations.

The following perspectives were of significant interest to me as a researcher:

In the interviews the mothers revealed that they experienced some of the curative elements of group therapy (Lessing 2001:5). For example, they found the experience cathartic, valued the humorous moments and benefited from discussing their frustrations and concerns in a non-judgmental climate without feeling that they were letting their children down. They found

exploring resilience valuable. They felt it was valuable to classify risk and protective factors in a table so that they could be identified clearly and they found it interesting to see where the literature supported their perceptions. They all commented that while it was extremely valuable to examine risk and protective factors in the mother-child relationship it was not easy to change their own behaviour when faced with the day to day challenges of their children's difficulties.

Masten and Reid (2005: 83) state, "The best documented asset of resilient children is a strong bond to a competent and caring adult who need not be a parent". In these cases the mothers took full responsibility for creating that bond. Responses in the interviews confirmed how dedicated, determined, devoted and committed these mothers are to their children.

Some mothers felt that the discussion on fostering resilience (while providing a worthwhile perspective) did not help in alleviating the stress of meeting the school's demands, the day- to-day tensions of coping, or with the sadness and guilt they may feel. They felt that until the schools and other professionals moved away from a reductionist, problem-solving approach and focussed on resilience, they would have to keep on 'trying to fix the problem'.

Ambivalent feelings were evident throughout the interviews. It is important to recognise that it is possible for mothers to feel uncertainty, fear, anger and stress when dealing with their children's learning difficulties daily, while still having a long-term positive outlook. Petersen (2000: 48) states that optimism is not just the absence of pessimism. Instead it is the determination that goals can be achieved. Petersen (2000: 50) speculates that 'big optimism' (larger, less specific expectations such as the belief in a child's positive future) may be a more potent influence on well-being than 'little optimism' (specific expectations of achievement in exams). For some mothers, however, the daily challenges and tensions undermine their long-term perspective.

In accordance with Kupst (2004: 303), I am aware that it is difficult to assess how perception and self-report relate to actual behaviour. Nevertheless, it appears that these mothers put enormous pressure on themselves to cope well and make appropriate decisions. Both their expressions of negative and positive affect suggest that they have very high ideals of their role and responsibilities. They are aware that they are trying to be perfect parents, but did not explore how their perfectionist standards for themselves affect the mother-child relationship. This is an important area for future research.

Petersen (2000: 46) believes that the story we tell about ourselves is necessarily ego-centric and the ego maintains itself in the most self flattering way possible. The mothers too were the central figure in their own narratives. In discussing how they managed their child's learning problems, some mothers seemed to underestimate the impact of their own anxiety on their children, especially the effect of their control. They underestimated the way that their emotions pervaded and partially organised experiences for both themselves and their children. They viewed their own fear and anxiety as their problem, but were not really able to articulate which of their emotions may be increasing anxiety in their children. Mothers may not recognise how their own anxiety contributes to poor resilience development in their child.

Research suggests that there are positive psychological benefits from perceiving control (Thompson 2005: 207) because people who perceive many available options and opportunities have a perception of high control. The mothers' options may be narrowed by negative feedback from the school. They did not appear to 'shop around' (see 2.4.3) but felt forced into a plan of actions by the school which implies that the problem can be resolved. This pressure to behave in a specific way may have a negative impact on the mother-child relationship and thus resilience development.

5.4 Relationship between literature and empirical research

There are many links between the literature and the empirical research. For example, section 5.3.2.1 highlights where the risk and protective factors, identified by the research participants, are supported by literature. These links contributed to the interpretation and conclusions presented in Chapter 6.

5.5 Conclusion

When I considered the transcripts as a collective whole it became evident that my research study, guided by the developmental dimensions of group work (see 4.7.4), indicated the participants' progressive process of awareness of the influence of the mother-child relationship on the development of resilience in the learning disabled child, their further exploration and discovery of this topic and finally a personal coming to grips with the manner in which they personally related to their learning disabled child.

The findings from the empirical research showed that the mothers shared their early distress of dealing with a learning disabled child. However, they had gained an increased understanding of

resilience and the risk and protective factors in the mother-child relationship. This process of self-reflection continually facilitated an expanded awareness of their own role in fostering or inhibiting the development of resilience in their children with learning difficulties.

It must be noted that the themes identified and presented above are the result of an in depth analysis through my 'lens' and that different observers would possibly identify different themes. However, triangulation and cross checking with the literature has increased the credibility and usefulness of my analysis. It must be remembered that the themes manifest in unique patterns within each mother-child relationship.

The following chapter summarises and interprets the findings in this research study, evaluates the qualitative research process in relation to the original objectives of my research and makes recommendations regarding the mother-child relationship which could influence the development of resilience in the learning disabled child.

CHAPTER 6

CONCLUSION OF THE RESEARCH

6.1 Introduction

This research project asserts that exploring the resilience construct adds substantial value to the field of learning disabilities. The study addressed the question: “What is the influence of the mother-child relationship on the development of resilience in the learning disabled child?” In order to find an answer to this question, I formulated sub-questions (see Section 1.2.3) which guided and gave structure to my qualitative research.

Chapter 2 and Chapter 3 investigated the complexity of the concepts of learning disability and resilience by examining recent literature. Chapter 4 outlined the qualitative research design and Chapter 5 presented the findings of the empirical study. Although the findings cannot be generalised due to the qualitative approach used, the study gives insight into the potential risk and protective factors inherent in the mother-child relationship.

This final chapter summarises and interprets the findings, evaluates the research process, discusses the limitations of the study and makes recommendations.

6.2 Summary of findings related to my research questions

6.2.1 Literature review

The first objective of this research study was to analyse the concepts of learning disability and resilience and examine current debates in these fields of research. The following sub-sections summarise the findings.

6.2.1.1 Learning disability

The literature review of learning disability (Chapter 2) was guided by the research sub-questions: “What is a learning disability and how is it a risk factor for the psychosocial development of a child?” and “What maternal emotions, attitudes, behaviours and parenting practices emerge in response to the complex needs of a child with a learning disability?” The answers to these questions are briefly summarised on the next page..

i. What is a learning disability and how is it a risk factor for the psychosocial development of a child?

A learning disability can be viewed as a set of abilities in an individual that creates a 'mismatch' between the individual and the environment (Sorensen et al. 2003:11). The learning disability label is highly controversial and there is an ongoing debate concerning the definition, aetiology and identification. While most people accept that learning disabilities have a neurological origin, the processes involved seem to be oversimplified (Kauffman et al. 2000:350) as social context seems to play a crucial role in how learning difficulties emerge as a problem for the individual.

A learning disability is a risk factor for positive psychosocial adjustment because it is not a condition that is easily fixed or that one outgrows (Clarke & Clarke 2003:133). Ongoing underachievement reinforces interrelated social and emotional difficulties. It is hypothesised that psychological problems occur because the same neurological mechanisms that contribute to the learning difficulties also cause individuals to distort social and emotional perceptions and interpretations (Al-Yagon 2004:12). Academic problems appear to continue regardless of age of onset, diagnosis, or school intervention (Spekman et al. 1993:14). It is also hypothesised that at schools, social and emotional difficulties emerge because children are forced to experience failure without understanding what is happening, without preparation for failure, without a peer group to support them, without a coping strategy in place, and, often without the emotional maturity to place it context (Spekman et al. 1993:12). Taking this point of view into consideration, it is logical that the mother-child relationship is of utmost importance.

ii. What maternal emotions, attitudes, behaviours and parenting practices emerge in response to the complex needs of a child with a learning disability?

The impact of discovering that a child has a learning disability is profound for both parents. As this is a dissertation of limited scope, investigation has been limited to the impact on the mother only. Mothers of children with learning disabilities are at risk for emotional and social stress (Bailey & Smith 2000:294; Smith 2004:3) and they may go through a period of grieving following their child's diagnosis (Partington 2002:163). Conflicts in learning disability definition and inherent disagreements about prognosis and treatment were investigated and presented in the literature review to illustrate that the bewildering array of information which mothers may be given is a significant source of stress.

Al-Yagon (2004:14) asserts that the interaction of mothers and their children with learning difficulties may be characterised by anxiety. Complex, dynamic, intense, emotional mother-child interactions appear to emerge in response to the mother's uncertainty and anxiety, to the child's increased daily assistance needs, and to the increased liaison with teachers and other related professionals and therapists. Mothers may find it challenging to cope with their learning disabled child's associated behavioural and emotional difficulties which effect relationships at home.

This literature review emphasises that the field of learning disabilities has moved from a focus on deficits located within the child to the study of what it means to have learning difficulty within family, social and community contexts (Cosden 2003:87). Therefore it is relevant to examine how the development of resilience in the learning disabled child is influenced by the mother-child relationship.

6.2.1.2 Resilience

The literature review of the construct resilience (Chapter 3) was guided by the sub-questions: "What is resilience and what factors facilitate or hinder its development in children with learning disabilities?" and "Can the dimensions of the mother-child relationship be analysed as risk or protective factors for the child with learning disabilities?" The answers to these questions are briefly summarised below.

i. What is resilience and what factors facilitate or hinder its development in children with learning disabilities?

The construct resilience implies that there are two coexisting conditions: firstly, the presence of a threat to a child's well-being and secondly, evidence of positive adaptation across one or more domains of functioning despite the challenges or adversity encountered (Luthar et al. 2000(a):546). Understanding resilience as a process negates theory that situates the locus of human difficulties or successes only within the person and under their control. Attention turns instead to the dynamic interaction between intrinsic and extrinsic factors that increase risk and maintain vulnerability and those that give protection and promote resilience. Resilience research has been characterised by the systematic search for the protective factors which differentiate children with healthy adaptation profiles from those who are comparatively less well adjusted (Luthar et al. 2000(a):544).

Al-Yagon et al. (2004:17), Werner in Wong (2003:69) and Cosden in Wong (2003:71) researched factors that contribute to the development of resilience in learning disabled children. They found that children's intrinsic attributes (such as temperament, athletic ability and attractiveness), emotionally warm, involved, supportive parents, and opportunities for prosocial involvement in activities outside school had a significant effect on resilience development. Of relevance to this study was that effective parental emotional support assists children with learning disabilities to maintain a healthy global self-concept (Wong 2003:69). The affective quality of the mother-child relationship may contribute to ensuring the best chance of positive psychosocial adjustment. For example mothers can foster optimism, reduce anxiety and model effective coping skills.

Resilience is a complex, evolving concept and there is limited research addressing resilience in children with learning difficulties. Of significance to the field of learning disabilities is that resilience is aligned with positive psychology and focuses on human strengths, virtues and other factors that protect the individual rather than on weakness and pathology (Brooks 2004:1; Haidt 2006:167-169).

ii. Can the dimensions of the mother-child relationship be analysed as risk or protective factors for the child with learning disabilities?

There is limited research on how the mother-child relationship specifically contributes to resilience development in a child. However the literature was examined to find which dimensions of the mother-child relationship such as the mothers' emotions, behaviour, attitudes, attribution style and coping strategies are likely to contribute to the development of positive psychosocial adjustment in a child with a learning disability. Section 3.6 distilled potential risk and protective factors inferred from other areas of research such as that on maternal anxiety, parenting styles and optimism. Risk factors appear to be maternal stress and anxiety; over-involvement, intrusiveness and control; expressions of negative affect; performance pressure; negative attributions and explanatory style. Protective factors appear to be fostering a warm, caring relationship; acceptance, support and encouragement; a positive explanatory style and expression of positive emotion; effective limits and appropriate autonomy; effective maternal coping skills; providing appropriate help and assistance; creating opportunities for success and fostering hope.

This literature review confirmed that there is a need, and it is relevant, to examine the mother-child relationship in terms of how it may foster or hinder resilience development in the learning disabled child. Given that resilience processes are so complex it became evident that a qualitative,

nuanced examination of real mothers' subjective experiences, perceptions, insights and analyses would contribute to this important field of study.

6.2.2 Empirical research

The second objective of this qualitative study was to explore with a group of five purposefully chosen mothers, which dimensions of their mother-child relationships facilitated or inhibited the development of resilience in their learning disabled children. Two methods of inquiry were used: focus group discussions and individual interviews. The research process followed the group work processes of awareness, exploration and personalisation in order to discover what aspects of the mother-child relationship (beliefs, behaviours and interactions) develop in response to coping with a learning disabled child and clarifying how these concrete, lived experiences may contribute to the development of resilience in the child. Data were analysed according to thematic analysis which is an active task of identifying patterns or themes.

The research process revisited and explored the research sub-questions: "What maternal attitudes, behaviours and parenting practices emerge in response to the complex needs of a child with a learning disability?" and "Can the dimensions of the mother-child relationship be analysed as risk or protective factors for the child with learning disabilities?" The mothers' insights, related to these questions, are briefly summarised below.

- i. What maternal attitudes, behaviours and parenting practices emerge in response to the complex needs of a child with a learning disability?

The mother's responses to the diagnosis of a learning disability in her child her subsequent behaviour can be viewed as an evolving process incorporating the following stages (see 5.3.1): discovery, investigation, defence, negative emotions, change and adaptation. Each stage can hinder or foster resilience in the learning disabled child. The mother's coping strategies are influenced by her personal paradigms concerning definitions, perceptions, experiences and evaluations of learning disabilities as well as her own personality disposition.

ii. Can the dimensions of the mother-child relationship be analysed as risk or protective factors for the child with learning disabilities?

In Section 5.3.2 the mothers explored and analysed dimensions of their own relationship with their learning disabled child and identified risk and protective factors relevant to their own child's resilience development. These risk and protective factors are summarised in Table 6.1 below.

Table 6.1 Summary of risk and protective factors identified by research participants

| Risk factors | Protective factors |
|---|---|
| Guilt and anxiety | Love |
| Lack of self confidence and uncertainty | Maternal emotional control |
| Obsessive, over-involvement, over-protection | Being an advocate for the child at school |
| Imbalanced allocation of time | Fostering independence and autonomy |
| Magnifying the problem and focussing on isolated skills | Accepting child's emotions and academic limitations |
| Taking child to too many therapies | Appropriate goals and limit setting |
| Over-discipline or excessive leniency | Fostering non academic strengths |
| Performance pressure on the child | Finding interests outside the home for themselves |
| Not being busy enough themselves | Setting realistic goals |
| Trying to be a perfect parent | Keeping perspective |
| Unrealistic expectations of the child | Having a positive future outlook |
| | Redefining success |
| | Maintaining religious faith |

The empirical investigation involved a cooperative exploration guided by these research sub questions. It focussed on mothers' personal insights and interpretations of phenomena. During the focus group discussions the mothers identified, discussed and debated the above risk and protective factors by examining their experiences with their children with learning disabilities. The following sub-section interprets these findings.

6.3 Interpretation

My research suggested that the mother-child relationship plays a significant role in hindering or fostering resilience in a learning disabled child. Giving mothers an opportunity to reflect on their behaviour, thoughts, and feelings in response to their child's academic difficulties contributed to their understanding of how they may be increasing risk or providing protection for their children.

The research was guided by the philosophies of phenomenology, hermeneutics and existentialism because they emphasise the importance of everyday life and everyday experiences (Wilding & Whiteford 2005:99). Thus my research was aligned with resilience research that emphasises that ordinary processes in relationships are a source of protective factors (Masten & Reed 2005:85). For example, the particular stage the mother has reached in the process of adapting to her child's special academic needs, manifests in her thoughts, feelings and behaviours. These thoughts, feelings and behaviours have a direct impact on the mother-child relationship and how she addresses the child's problems every day. Each stage in the process may have opportunities for both fostering and hindering resilience development in children (see 3.6.1).

The cultural influences of socioeconomic advantage were considered to be a significant impact on mother-child relationship in these cases (see 5.2.1.1). For example, the mothers had high expectations given that they can, if they choose, invest a lot of time in their children and purchase whatever is needed such as material goods, services and professional assistance. "In such milieus, failures are both highly visible and apparently inexplicable" (Luthar 2003: 1583). Mothers in this sample had extremely high ideals for themselves rather than for their children. The mothers appeared to put enormous pressure on themselves to cope well and make appropriate decisions. They did not express negative affect, such as anger and disappointment towards their children instead they expressed this anger about themselves. Guilt was a pervasive emotion for these mothers which may have had a negative effect on the mother-child relationship and be a risk factor.

In this socioeconomic sector, children are provided with so many opportunities that they can become stressed. However, these mothers did not consider over-scheduling to be a significant problem for their learning disabled children. This suggested that, in this regard, they did not see their children as any different to other more capable learners who also lead very busy lives. Rather the mothers saw the organising and planning of their children's activities as extremely stressful for themselves. They did not examine the possible negative implications for their children. The over-regulation of the child's routines and activities was not identified as a risk factor as suggested by Wood et al. (2003:135), even though this may be a risk factor for the child's psychosocial adjustment and resilience development (Shaw 2003:197).

The research explored the concepts of multifinality (see 3.6.1); equifinality (see 3.6.1) and interaction (see 3.3.1). For example, a single factor in the mother-child relationship can have a variety of outcomes or there may be multiple avenues to the same resilient outcome. Risk and

protective factors interact with each other so that multiple protective factors in the mother-child relationship can act in synergy and counteract the effects of some risk factors. Risk factors such as the mothers' guilt, anxiety and uncertainty may be offset by protective factors. Possible protective factors in the mother-child relationship appear to be unconditional love and acceptance of the child, a long term positive outlook for the child in spite of stressful day to day difficulties, a sense of hope supported by a strong faith life or sense of purpose, a focus on building strengths (often through extra-mural activities), and the mothers' own interests and experience of success outside the home and family.

The literature on resilience and learning disability confirms that these are complex issues for which there are no simple answers. Nevertheless, focussing on resilience, finding protective factors in the mother-child relationship and building the child's strengths should be primary strategies used to support the learning disabled child. Mothers need to be empowered to conceptualise long term positive outcomes for their children, and guided to select intervention strategies that help the child maintain a positive global sense of self-worth in spite of school difficulties or failure. It appears necessary for schools and other related professionals to also move away from a reductionist, problem-solving approach and focus on fostering resilience so that mothers do not feel that they have to keep on trying to fix the problem.

6.4 Evaluation of research process

Although Shank and Vilella (2004: 54) consider thematic analysis to be reductionistic, I feel it was an appropriate initial research methodology to investigate this phenomenon. These authors believe thematic analysis runs the risk of reading preferred interpretations of ambiguous data (Shank & Vilella 2004: 51). To avoid this, I followed their important suggestion and listened to the transcripts many times and considered the context in which statements were made.

The following evaluative criteria were applied to this research (Shank & Vilella 2004:48):

6.4.1 Investigative depth

Evaluating investigative depth requires that the following question is addressed:

Does the research contribute something new about the area in question?

This research examined possible influences of the mother-child relationship on the development of resilience in the learning disabled child. Findings cannot be generalised from qualitative research such as this but insights gained can contribute to an in-depth understanding of the phenomenon in question. In relation to the research question it appeared that each mother-child relationship is unique and risk and protective factors are likely to emerge and interact in unique ways in response to the child's particular needs. Reflecting on the mother-child relationship in terms of risk and protective factors provides an alternative framework for exploring and addressing the social and emotional needs of the learning disabled child. It also reaffirmed the significant, positive role mothers can play in the lives of these children.

6.4.2 Interpretive adequacy

Evaluating interpretive adequacy requires that the following question is addressed:

Does the research provide a more complex understanding of the subject?

It seemed as if this qualitative research project extended the understanding of resilience and how its development may be fostered or hindered by the mother-child relationship. My research confirmed that resilience is a complex process and that the mother-child relationship provided a unique combination of risk and protection for the learning disabled child as discussed in Section 6.3.

The qualitative process resulted in my increased awareness of what mothers experience when they have to cope with the needs of a learning disabled child and how these experiences directly influence the mother-child relationship. The mothers who participated in the research process found it valuable as a form of intervention in that they were able to reflect on their relationship with their child and examine some of the possible risk and protective factors inherent in their unique relationship.

6.4.3 Illuminative fertility

Evaluating illuminative fertility requires that the following question is addressed:

Does the research present a more nuanced picture of a familiar topic in order to influence a change in practice?

This research project extended the understanding of the role that mothers can play in fostering resilience in their children with learning disabilities. It highlighted variables in the mother-child relationship that may be considered as risk or protective factors in the development of resilience in the child. Rather than focussing on remediating academic skill deficits or trying to 'fix' their children, mothers can focus on searching for and building on strengths. Teachers, educational psychologists and other professionals should bear in mind that learning disability identification should be accompanied by comprehensive support and guidance in the role mothers can play in fostering resilience. This is more important than just focussing on what the mother can do to remediate the academic problem.

6.4.4 Participatory accountability

Evaluating participatory accountability requires that the following question is addressed:

Has the researcher operated in an ethical manner towards the research participants?

Once the participants had agreed to be part of my research project, I depended on their voluntary participation and as such ethical considerations were crucial to my research project's success. I adhered to the principles of informed consent, confidentiality, anonymity and minimising invasiveness throughout the process to ensure the dignity of the participants who so readily shared their experiences. The participants were invited to comment on the analysis of the data from the two focus group discussions to ensure credibility.

6.5 Recommendations

6.5.1 Constant review of key dimensions of the mother-child relationship

The research indicated that the mother-child relationship has a profound impact on developing resilience in learning disabled children. As the mother-child relationship is an ever evolving one, it is possible to shape and direct the nature of this relationship. Accordingly it is recommended that key dimensions of the relationship are constantly reviewed and evaluated as to their appropriateness in this relationship and whether they are significant risk or protective factors.

When a child is diagnosed with a learning disability it would be significant to evaluate such things as the degree of over scheduling of the child's activities, the mother's desire for maternal perfection and the mothers' anxious coping practises. Mothers should be encouraged to display unconditional love for, and acceptance of, their children. The mother's future outlook should be

evaluated to ensure that it remains realistic and positive. Most importantly, the mother's focus should be on fostering her child's strengths rather attempting to 'fix' the problem. There should be adequate, proactive support for mothers and their changing role as they, in turn, support their learning disabled children.

6.5.2 Mothers' forum

It became clear to me that the mothers involved in this research benefited from interacting with each other. The focus group discussions particularly contributed to an accumulated insight into the difficulties they faced. The participants were a unique 'resource' for each other as they analysed their own relationships with their children with a view to fostering resilience. This opportunity should be made available to those mothers who are embarking on a similar journey. It is thus recommended that a similar forum be created at schools.

6.5.3 Analysis of the mother-child relationship

When a child is identified as having a learning disability, the mother-child relationship could be examined to assess how it may foster or inhibit the development of resilience in the child. It is valuable to create an opportunity for mothers to evaluate the risk and protective factors in their own relationship with their learning disabled child. Mothers usually strive to improve the mother-child relationship by changing what they perceive they themselves are doing wrong. However by using one of the principles of resilience - that it is important to focus on strengths - it is possible for mothers to view their relationship in a different light and build on the positive aspects and protective factors of the relationship to counteract the weaknesses. Personal guidelines could be developed for each mother-child relationship.

6.5.4 Diagnosis of inherent resilience in the child with a learning disability.

An assessment of the child's resilience development should be implemented, as a routine procedure for children with a learning disability so that strategies can be implemented to foster resilience development where necessary.

These recommendations above aim to ensure that the mother-child relationship is acknowledged and supported as a significant contributing factor to the long term positive outcomes of learning disabled children. The following section presents the main conclusions of the research with special mention of the limitations of this study and possible areas of future research.

6.6 Main conclusions of the research

Exploring the construct of resilience is highly relevant for the field of learning disabilities and yet there is limited resilience research directed at this unique population. By focussing on protective factors that foster resilience it may be possible to determine why some children maintain positive psychosocial adjustment when faced with learning difficulties and negative school experiences while others give up (Theron 2004:317). The mother-child relationship has the potential to be a significant protective factor or risk factor for these children depending on the quality of the mother-child relationship. This research showed that the mother-child relationship contributes to resilient outcomes in multiple, complex ways and is influenced by the mother's unique experiences, personality and coping strategies.

A critical implication for the mother-child relationship is that resilience is not just reframing the situation in the positive. Rather it is accepting limitations such as a learning disability while searching for, and building on, opportunities for success. In other words: "treatment is not just fixing what is broken; it is nurturing what is best" (Seligman & Csikszentmihalyi 2000:2).

I acknowledge, however, that this research study was of limited scope and further research is needed to reduce limitations and build on the identified possibilities of the topic.

6.6.1 Limitations

This qualitative research was non-standardised and did not attempt to generalise. Instead the aim was to gain an in-depth understanding of phenomena from the participants' perspective (see 4.4). Rather than believing it possible to be neutral and objective, this qualitative research was explicit about my personal perspectives, values, opinions and beliefs (Harry & Peshkin in Brantlinger 2004:5). This study only did an in-depth examination of a small sample of mothers and their experiences. Thus, it cannot predict causal relationships.

The results of this study were based on the mothers' accounts and I acknowledged that focus group discussions have limitations. Mothers' responses in the group may not disclose what they actually thought, felt and did, but rather what they felt the group wanted to hear. Also, without an in-depth investigation of the participants' children's resilience development it was difficult to assess what elements of the mother-child relationship were effective. Nevertheless, this research

provided an insight into the mothers' perceptions and created awareness for the participant mothers of possible, appropriate protective factors and possible areas of risk in the mother-child relationship.

Another limitation was the socio-economic status and race of the participants. All participants were white and were from a privileged, affluent community. These findings cannot be generalised to other racial groups or other socio-economic communities who face a multitude of risk factors not examined in this research.

6.6.2 Future research

I believe that further research in the following areas would be of value:

- a qualitative study examining the mother-child relationship from the child's perspective to examine what dimensions of the relationship they believe fosters their resilience development.
- an examination of these research questions with a group of mothers from a different cultural or socioeconomic background
- an in-depth investigation on the impact of a mother's expectation of her own perfection on her learning disabled child's resilience development.
- a study to determine the impact of over-scheduling on the resilience development in a learning disabled child.

Finally, this dissertation of limited scope made brief mention of the concept of multifinality (see 3.6.1). This is a complex concept borrowed from anxiety research. As discussed it appears that any dimension of the mother-child relationship has the potential to be a risk or protective factor. I think it would be valuable to examine what determines the outcome. What is the 'tipping point' that makes a dimension of the mother-child relationship foster or inhibit the development of resilience?

6.7 Final comment

I felt that the value of investigating resilience lies in the construct's great optimism. Although mothers should be alerted to the fact that there are risk factors that may disrupt their relationships with their learning disabled children, far more benefit is to be obtained by focussing on and developing protective factors that contribute to long-term positive outcomes and resilience. Mothers often intuitively identify protective factors but cultural expectations, demands of schools,

and advice from other experts in the field of learning disabilities sometimes seemed to negate their trust in these processes.

This dissertation of limited scope aimed to research the crucial role mothers play in fostering or inhibiting resilience development in their children with learning disabilities. Although in reality “there are few ‘one way arrows’ in life” (Masten & Reid 2005: 80) - no direct cause and effect - educational psychologists should, take cognisance of, support, encourage and applaud the role the mother plays in fostering resilience in her child with learning disabilities. “Resilience does not come from rare and special qualities but from the everyday magic of ordinary, normative human resources in minds, brains and bodies” (Deveson 2003:38). The role of the educational psychologist should be to illuminate the processes underlying resilience in a child with learning difficulties and to guide the design of appropriate interventions that support protective factors and limit risk factors.

At a conference on inclusion (From Inclusion to Belonging 2005), the following song was played for all therapists who support children with learning difficulties. I believe that the message also rings true for mothers of such children.

**When I am down and, oh my soul, so weary;
When troubles come and my heart burdened be;
Then, I am still and wait here in the silence,
Until you come and sit awhile with me.**

**You raise me up, so I can stand on mountains;
You raise me up, to walk on stormy seas;
I am strong, when I am on your shoulders;
You raise me up: To more than I can be.**

(Lyrics by Brendan Graham)

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ANNEXURE 1

LETTER OF CONSENT

LETTER OF CONSENT

I, _____(name and surname) agree to participate in the focus group discussions and individual interview as part of the research conducted by Amanda Jane Leigh for her Master's dissertation entitled 'The influence of the mother-child relationship in the development of resilience in the learning disabled child'. I acknowledge that what I say may be quoted in the dissertation but that my name and my child's name will not be used. My right to privacy and confidentiality will be respected.

Signed _____

Date _____

ANNEXURE 2

SEMI-STRUCTURED INTERVIEW SCHEDULE

A. The interview is semi-structured and orientated towards the needs of the interviewee however during the course of the interview the following questions need to be addressed:

1. Did you feel that exploring the mother-child relationship and resilience is relevant to your experiences with your son/daughter?
2. What do you think you have learned about your own relationship with your son/daughter?
3. What was your experience of participating in the focus group discussions?

B. During the interview the provisional thematic maps are to be presented to the interviewees for comment and discussion

ANNEXURE 3

EXCERPTS FROM EXAMPLES OF INTERVIEW TRANSCRIPTS

Excerpt from Transcript 1

| Mother | Occupation | Child with learning disability | Observation notes |
|---------------|------------------------------|--|---|
| 1 | Part-time remedial therapist | -son (16 years old) presented with perceptual difficulties in Grade 0. -intensive remedial assistance throughout primary school as well as occupational therapy, speech therapy and physiotherapy -currently significant ongoing academic problems and socialisation difficulties at high school | -very anxious -very involved in process -very open about own distress -cried at times -expressed very high expectations of own role |

R = researcher (interviewer)

M = mother (interviewee)

R: Thank you for participating in the focus group discussions, I found what you had to say so helpful. I really appreciate you giving up even more time for this interview

M: That's fine – I think this is such a worthwhile project and I am pleased that I got involved so I am so pleased you approached me - and I enjoyed the other mothers so much and it was a very very interesting way to spend those mornings. It was very beneficial even though it was very hard. The other mothers were amazing to get to know and I really looked forward to coming after the first session. In fact (name) phoned me and we met for coffee because we couldn't wait to get together again and she was so worried about her daughter. So we had a great discussion and it was great to feel that we understood each other's experiences and heartache. I am very sad that we can't meet again on a regular basis like a support group.
(pause)

R What did you value most about the group experience?

M Well um I suppose mainly I appreciated the other mothers' honesty and soul searching. And also I guess, being in the group did get you thinking - which is a good thing - and sometimes that kind of soul searching is painful so perhaps it wasn't all pleasurable.....but mostly it was just great to share our experiences and feel understood by other mothers going through the same thing - but I must be honest about something - I mean when I knew you would be interviewing me I was planning what I wanted to say and I have been thinking about

everything that was said, and going over and over what we discussed, and I must say I feel like I have, have been left with such a sense of sadness – real sadness - well I suppose it is guilt - and I think we are all so brave and yet feel too overwhelmed at times. But for me especially I have a pervasive sense of guilt all the time. But I don't know, I mean sorry to be going on about the negative.

R This is really an opportunity to discuss what you thought of the discussions, negative and positive and I value your honesty.

M. Well I guess it's just that it highlighted my own sense of uncertainty and that was well very um very um hard. At times I felt I was a complete failure.

R In what way do you think you were a complete failure?

M Well this whole resilience thing. It made me wonder if I done enough and well of course I did so much and I don't really think I would have done anything differently but I don't know if I have made him resilient - resilient enough you know - and I mean in some ways he really is resilient but in other ways not and so I just feel so sad.

R Do you think the concept resilience is relevant to your experiences with your son?

M I think is it extremely relevant. I mean as we discussed resilience is so important – developing resilience is relevant for all of our lives and it's especially important for young people to be resilient in today's world so it was beneficial to discuss it, but I just don't know how well I have done. I mean you always wonder if you have done enough and these discussions raised all that worry again. I did so much but I look at him now and really if I am honest we are not out of the woods. He is just having such a hard time at the moment and the school has asked to see me and I feel like such a failure. (bursts into tears) (pause in discussion)

R It saddens me to think this has caused you so much distress

M No no it's not this getting together with these mothers and this interview isn't the problem. No no no its not that, its just he is having such a hard time and I am so overwhelmed again. I think I was more positive when I met with the group and I am so sorry I am crying. I really didn't want to - I think I am just in a bad space too. Its really is just me (crying) (pause in discussion)

R We can finish this interview another time and rather chat about how you are feeling now.

M Oh no I want to do this because actually I enjoyed it so much and I really enjoyed being in the group as I said and I really most of all appreciated the other mother's honesty and soul searching. You know you have such a hard time but it's only with the mums who have the same problems that you can just feel comfortable and able to share what you are experiencing. (crying)

M sorry..... I'll be alright now.

R Are you sure you want to continue?

M Yes yes I am fine – you know what its like one minute you feel you are managing and the next despondent – it's like a rollercoaster – a rollercoaster in the dark - but um I really think when I think about all we said and resilience is that. Well what I really feel is, and I will think about this so much in my work, is that it is really helpful to focus on developing resilience rather than just fixing problems. It's such a wonderful way to approach things. And I suppose being involved in those group discussions helped us to see ways to develop resilience and ways that it would be undermined. So sharing all those ideas really helped us and it was really great to be part of it and to get to know them and to share everything. I feel we developed trust between us and as I said I really valued their honesty and soul searching. (pause) Although I must admit that at times I felt threatened and vulnerable because I should know what to do, and that wasn't that great and I kept thinking maybe I shouldn't have volunteered. I mean this is my work after all and I deal with children with learning problems on most days but somehow as a mother seeing the pain of your own beloved son it's so much worse. If only it was easier. (sighs)

R It was really valuable to hear what you thought and felt as a mother, not a remedial teacher so thank you.

M Yes well it's a pleasure. It's hard to separate the roles as you know and perhaps you and I agonise over our children more than we need to because of our work.

R Do you think that it helped at all to explore you relationship with your son in terms of his resilience?

M Um yes it was a good perspective to think about. I had never really thought about it from that angle and it was wonderful to hear what everyone else had to say about resilience and what we can do to help our children....(pause)

I think in a way I have helped (name of son) to be more resilient – oh I don't know – if I think about what was said and how important it is to believe in your child then I suppose I have helped him because I do believe in him in the long run. It's just that these school years are so hard and so long and I do sometimes lose faith in his ability to cope now – not in the future. I think there is a difference. I still worry that I am responsible for some of his pain because I haven't done enough.... (pause)

R What would you have done differently?

M Well.....I don't know I have always tried my best and...well...um it's hard to say um. Perhaps I should have moved him from (name of school) sooner and then maybe the bullying wouldn't be such an issue and perhaps I should have looked more carefully at

medication....but you know at the time I thought I was doing the right thing.....um you know actually when I was thinking of this interview in my car and I was thinking of what to say - and I would say that the most important thing for me was that I need to be more accepting of my own strengths and weaknesses but it's hard. I mean I need to remember that I am not perfect but that I love him and have done so much to try and help – but you know I have such ideals of my role especially as I have dedicated so much energy and love and time to raising him, so I guess what I am trying to say I need to be more forgiving of myself.

R What do you feel you need to forgive yourself for?

M (sighs deeply) oh you know as a mother I guess you feel you have never done enough and so well the big question is have I produced a resilient son?

R Do you think your son is resilient?

M yes in some areas but socially no – he seems fine with his academics he keeps telling me to back off and stop worrying he's ok - so he thinks he is fine or will be fine but I still worry and I can't just back off. And socially – well he is devastated when he is bullied and takes it so to heart and is crushed – it is really hard for him and all of us in the family. It is much better in the new school but you know a friend of mine phoned me last week and asked me if I knew that he was being bullied and I was in such a state of shock because I thought things were so much better and I just couldn't believe it had all started again and I so I spoke to him and I could see that he was very upset but trying to put on such a brave face. Honestly, I think that is why I am so upset today just to think of him going through this and not telling me and being so brave. So actually he isn't very resilient.

R Do you think that the fact that he tried to cope on his own is possibly an indication of resilience development?

M well no um I mean I suppose I haven't really thought of it that way. Maybe he is coping better – maybe it's just me and I must stop panicking and well you know just leave him to it.

R Do you think that part of him asking you to 'back off' is also possibly part of him developing resilience?

M Well um well I am not sure. Really I think he still needs help and I would be irresponsible if I backed off. It's like as we said in the group - its part of what we have to do - if it's not me making sure he is ok then who?

R perhaps himself?

M oh well I don't know – this has been too long a journey to leave him now – when he has written matric I will relax - until then I have to stay involved.- even if it is so hugely stressful between him and me and the school (sighs) (pause in discussion)

R Thinking about the group discussions what do you think you have learned about your own relationship with your son?

M I still agonise over all the mistakes I made and I suppose that will never go away – but my relationship with (name)? Well I ...it's a good relationship and we are very close and I am very involved in his life and you know he is so loving and kind and just wonderful to me but I guess I think it is important to have more fun together, I always take myself so seriously and I just can't let go of trying to make sure his school life is ok. So yes I think I am not carefree enough with him and it's almost like my relationship with him has become just hard work which is sad. Even saying this now makes me realise that actually we need to have more fun together. In a way I have always known that we didn't have that much fun together in fact I feel sad about it but you know talking about it now and thinking about all we said at the discussions makes me realise again that it's very sad that I always take myself so seriously and that we could have much more fun together if I wasn't always so worried about him. So that's a good thing that has come out of this whole research thing. But gee I don't know if I can change myself I mean he's sixteen I have been fretting about this for sixteen years - oh how dreadful. In fact you know I have to admit that I feel resentment towards other mothers who have not had to handle this. Their relationships with their children will never be as filled with such anxiety.

R Is there anything else you learned about your relationship with your son?

M No not really – just for me to try to lighten up

Excerpt from Transcript 2

| Mother | Occupation | Child with learning disability | Observation notes |
|---------------|-------------------|--|---|
| 2 | Housewife | -both daughter (13 years old) and son (10 years old) diagnosed with a specific learning disability in Grade 2. -both attended occupational therapy and speech therapy until Grade 4 -currently both have intensive daily remedial support at school and at home and are coping academically. | -very structured, organised -meticulous note taking -perfectionist manner -involved in discussion but reluctant to talk about own distress -lends positive dimension to experiences -expressed very high expectations of self and children |

R = researcher (interviewer)

M = mother (interviewee)

R Thank you for participating in the focus group sessions. It was very interesting for all of us to hear what you had to say.

M It is a pleasure. I really enjoyed taking part.

R Well thank you for giving up even more time for this interview.

M Only a pleasure

R This is really an opportunity to discuss what you thought of the focus group discussions, and to find out if you feel that exploring resilience is relevant to your experiences with your son and daughter

M Yes well firstly I have thought about it a lot since the group discussions and I am more convinced than ever that my daughter is amazingly resilient in spite of all the heartache and challenges. I think my son is still learning but he is also pretty amazing and well I suppose the discussions made me realise that actually I haven't done too badly at all. It is really worth all the hard work I have put into them to see them come through. It's just so sad that you don't know all this in the beginning and you get so filled with concern and guilt. When I think of what I felt like five years ago – well it was just so so so different.

R How was it different?

M Well like all the other mothers said – you just feel so distraught as if you can do nothing right - and the schools – well they are just so quick to label your children and give negative reports and send you into a tailspin. They have no idea what it does to a mother's self esteem and how you have to cope with their pressure. I was just so pleased to be doing these focus group discussions now when things are coming right not like (name) and (name) who are still are so devastated and sad. I would hate to be in that position now. Just being in the group confirmed to me that I was

doing some things right. In that way it was really wonderful. I mean I am not doing things perfectly by any means but I really felt I had done some things right

R Was there anything you didn't like about the group discussions

M Well nothing really it was a good experience just perhaps that I felt some of the mothers were too intense and overreacted to their children's problems. But I suppose that was because they haven't come through it like I have. I mean I am not trying to say I am completely through it or that I have done better than anyone else - its just I am further down the line. They are at a different stage - and perhaps their problems with their children have persisted longer so it's different for them - which is why I could be more positive. I am still learning all the time but things are so much better so I think I have got a much better perspective. I am just lucky that things have turned out well.

R What was most relevant to you concerning resilience and your children?

M Well it was very interesting and it was a new way of looking at my children and it was most significant for me to think of (name-daughter) because I remember so well the hard times with her being my first child and the first one diagnosed with difficulties. It made me see that I am part of a dynamic system of risk and protective factors and even if I don't get it all right I can go a long way to making a difference in her life. And I think that is exactly what has happened. It's is why she is coping now. It's very exciting to think of the process of resilience and what a difference a mother can make. It's amazingly positive and perhaps if I had been exposed to this thinking earlier I wouldn't have been so stressed - although it is very difficult to change your day to day behaviour when you are stressed about your child and I do think that it is schools that cause so much of this stress. So you can't always build resilience when you are trying to cope with everything the schools want you to cope with. Really the schools cause so much stress - perhaps you should do these discussions with teachers too. I think it would be excellent for schools to focus on resilience development in children instead of focussing on all the problems all the time.

R What do you think you have learned about your own relationship with your son/daughter?

M It was interesting to talk about what makes up the mother-child relationship. I think I knew most of it instinctively but it was interesting when you made those lists. I think it very important to think about your role as a mother because otherwise life just rushes past without really evaluating how you are doing. I could see that it was very hard for some of the mothers but for me I think I am in a much better stage than five years ago. I know now that it really helps if I maintain an organised, structured home and family life. It definitely falls to me to set things up for the children. So each year I try to see what they need and then I make sure it is all organised. I don't rely on the school and I try to be one step ahead of the teachers - so for example both children do extra maths over and above remedial lessons just so that no problems emerge and if the teachers

suddenly say there is a problem I can just tell them that it is all taken care of. I think this has really helped (name) and (name) to feel that I believe in them and can sort it out and that I have confidence in them and that they will be fine as long as I stay involved. Well in the group I realised that I am not as intense as other mothers - I feel I am able to handle this.